QUALITY ASSURANCE SYSTEM -
Policies and Procedures for
ABILITY WEST
St. Joseph's Training Services

Contents

SECTION 1 – GOVERNANCE AND MANAGEMENT OF QUALITY

1.1 Governance

1.2 Management of Quality System

1.3 Embedding a quality culture

ALL OF ABOVE AREAS ARE COVERED IN THE POLICY BELOW.

ST. JOSEPH'S TRAINING SERVICES

TS001 - POLICY ON GOVERNANCE AND MANAGEMENT OF QUALITY

St. Joseph's Training Services is part of Ability West's services.

St. Joseph's Training Services oversee the education and training, research and related activity to facilitate effective governance and management. St. Joseph's Training Services has developed a Quality Assurance System which focuses on how the Training Services achieves its objectives and on the suitability of its objectives, in line with the organisation's Mission and Vision Statement. This is complimented by St. Joseph's Training Services Training Programme Specification.

Our Quality Assurance system ensures the following:

- A system of governance where objectives are aligned with mission and strategy

- The Quality Assurance system is embedded into the culture of the training services, across all locations

- The system in place protects the integrity of teaching and learning processes, maintaining high standards across all locations

- Consideration of risk is encompassed in the training services, with an ethos of positive risk taking, and in line with the organisation's policies and procedures, and framework for risk management, i.e. ISO31000 standard

- Adherence to the Interim Standards for New Directions, Services and Supports for Adults with Disabilities

- Use of quality improvement approach, taking results of internal and external audits, inspections, self-monitoring and self-evaluation processes; and using these as a way of enhancement and shared learning, with a focus on benefits for the learner

- Work in tandem with our Quality Management System in line with ISO9001:2015

- Delivery of services and supports in line with St. Joseph's Training Services Statement of Purpose.

All policies and procedures developed in the Quality Assurance system aim to promote a quality culture, and provide detailed information on roles, responsibilities, with detailed procedures. There is a system for review of policies and procedures to ensure they are up-to-date and reflect current processes, standards and legislative requirements, and best practice. Appendix A is provided with a list of relevant legislation, standards and guidance, applicable to all St. Joseph's Training Services policies and procedures.

A positive, quality culture is promoted, and St. Joseph's Training Services is committed to the active development of a culture which recognises the importance of quality, quality assurance, quality improvement and enhancement. Quality assurance procedures are embedded and integrated into everyday practice.

To support the development of a quality culture, St. Joseph's Training Services has developed a strategy for the continuous enhancement of quality in all activities and measures the achievement of the objectives set.

Some features of quality enhancement processes include:
- Regular meetings with trainees and opportunities for feedback
- Complaints and feedback processes
- Regular meetings with staff
- Regular reviews in relation to achievement of trainees' goals
- Accident/incident analysis
- Audits, Inspections, self-monitoring findings, self-evaluation findings
- Analysis of training for staff
- Accessing Ability West Quality and Compliance Department
- Accessing Multidisciplinary Team
- An Academic Council in place to provide academic governance, separate from the corporate governance provided by Ability West
- A user friendly and a total communication approach
- Assessment of learning processes provides opportunities for improvements
- Review of policies and procedures to ensure they are fit for purpose
- Keeping up-to-date with standards and legislative developments

St. Joseph's Training Services is committed to a holistic approach towards quality assurance where continuous improvement is key, and a balanced, service wide approach to the implementation of quality assurance policies and procedures, in line with its Statement of Purpose, ensures that a quality culture is embedded into everyday practice. The aim of this ultimately is a positive learning experience for the learner.

This policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____   *Date:*   *12/10/23*
                     Manager

Approved by: _____   *Date:* _____
                     Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	**DATE:** 12/10/2023
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REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQ2 application process	002
2			
3			
4			

Legislation, Standards, Guidelines:
Assisted Decision Making (Capacity) Act 2015 and Amendment 2022
Data Protection Acts and related regulations (Statutory Instruments), including the General Data
    Protection Regulations (GDPR) 2018
Data Sharing and Governance Act (2019)
Disability Act (2005)
Employment Equality Acts (1998-2015)
Equal Status Acts (2000 - 2018)
Freedom of Information Acts (2014)
Health Act (1970), (2004), (2007)
Health Act 2004 (Complaints) Regulations
Health & Social Care Professionals Act 2005 and (Amendment) Act 2017
Organisation of Working Time Act, 1997
Protection of Employees (Part-Time Work) Act, 2001
Safety, Health and Welfare at Work Act (2005) and related Regulations
Health Act 2007 (Care and Support of Residents in Designated Centres for persons
[Children and Adults] with Disabilities) Regulations S.I. No. 367 of 2013
Health and Social Care Professionals Act 2005 & 2017
HSE Adult Safeguarding National Policy and Procedure
H.I.Q.A. National Quality Standards, including (but not limiting to):
    Safer Better Healthcare (2012)
    Residential Centres for Children and Adults with Disabilities (2013)
I.S. EN ISO 9001:2015
ISO 31000:2018 Framework for Risk Management
Children's First National Guidelines
Trust in Care

Legislation, Standards, Guidelines specific to the Training Services
Qualifications and Quality Assurance (Education and Training) Act 2012
St. Joseph's Training Services Training Programme Specification (TPS)
St. Joseph's Training Services Statement of Purpose
St. Joseph's Training Services Programme Descriptors
New Directions Review of HSE Day Services and Implementation Plan
QQI Core Statutory Quality Assurance Guidelines developed by QQI for use by all Providers
QQI Levels 1-3 Award Standards Review, March 2018
QQI Quality Assuring Assessment Guidelines for Providers
National Accreditation Committee Training and Development for People with Disabilities:
    Standard QA00/01
National Framework of Qualifications

ST. JOSEPH'S TRAINING SERVICES

TS002 - POLICY ON QUALITY ASSURANCE DOCUMENTATION SYSTEM

St. Joseph's Training Services has developed a Quality Assurance System which focuses on how the Training Services achieves its objectives and on the suitability of its objectives, in line with the organisation's Mission and Vision Statement, and the overall organisational ethos. This is complimented by St. Joseph's Training Services Training Programme Specification. The Quality Assurance system in use is fully documented, with policies, procedures, guidelines and resources in place. We follow best practice and national guidelines in terms of the activities of St. Joseph's Training Services, including QQI Quality Assurance Guidelines. We ensure that policies and procedures are fit for purpose by regular review of same.

We ensure our documented policies and procedures are fit for purpose and reflect current best practice and legislative requirements by the following:

- Work in tandem with Ability West's Quality Management System in line with ISO9001:2015
- Guided by best practice and legislative requirements, including QQI Quality Assurance Guidelines
- Are fully documented and available to stakeholders
- Are available and accessible to staff
- Are fit for purpose and appropriate to St. Joseph's Training Services, trainees and new entrants
- Are in line with strategic direction of St. Joseph's Training Services, and Ability West
- Go through a formal process of approval by St. Joseph's Training Services and Ability West, including St Joseph's Training Services Academic Council where appropriate, i.e. where concerning academic matters.
- Are inclusive of all stakeholders, including trainees, and particularly in terms of input into effectiveness of the Quality Assurance system
- Promote a culture of quality throughout its services
- Facilitates diversity and support innovations
- Have arrangements, where appropriate, if subcontracting arrangements apply
- Demonstrate accountability as a given, but always aim for continuous improvement
- Reviews occur periodically to ensure they are fit for purpose and remain effectiveness
- Are consistent with the requirements of relevant legislation.

The Quality Assurance system is designed as a comprehensive system, with documented policies, procedures and guidelines. This is backed up with an array of records.

The Quality Assurance system is embedded into the activities of St. Joseph's Training Services at all locations, and spans all staff, at all levels. The Quality Assurance System includes all areas such as governance, finance, human resources, training.

The Quality Assurance system is translated into practice through day to day activities, through training processes, verification and certification processes and compliance with legislation. This also incorporates participation and consultation with trainees and staff in terms of overall quality of training, and any improvements and enhancement. The aim of this ultimately is a positive learning experience for the learner.

This specific policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____   *Date:*   _12/10/23_____
                        Manager

Approved by: _____   *Date:*   _____
                        Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	**DATE:** 12/10/2023
	APPROVED BY:	**DATE:**

Rev. 2	REVIEWED BY:		DATE:
	APPROVED BY:		DATE:
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REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

2.1 Documented policies and procedures

2.2 A comprehensive system

ALL OF ABOVE AREAS ARE COVERED IN THE PROCEDURE BELOW

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Quality Assurance Documentation System	NO.: TS002.01	REV: 1
SECTION 02: Quality Assurance Documentation System	PAGE: 1 of 7	
PREPARED BY*:*	DATE*: 12/10/23*	
APPROVED BY:	DATE:	

1.   PURPOSE:
1.1   The purpose of this procedure is to outline the processes in place in St. Joseph's Training Services in relation to its quality assurance and approach to documentation system.
1.2   The purpose is also to ensure that documented policies and procedures are fit for purpose and reflect current best practice and legislative requirements.

2.   SCOPE:
2.1   This procedure applies to all trainees and staff involved in St. Joseph's Training Services.
2.2   This procedure applies to all training in St. Joseph's Training Services, and documented policies and procedures in this regard.
2.3   This procedure applies in particular to the documentation system, which is developed in tandem with Ability West's Quality Management System, and in line with ISO9001:2015.

3.   RESPONSIBILITY:
3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.
3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.
3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.
3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.
3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective processes in place in relation to the documentation system, and adequate resources are sourced.
3.6   **Manager** – To ensure the processes involved in the quality assurance system are developed in line with requirements as laid out in this procedure, including documented policies and procedures, and are in line with Ability West's Quality Management System. The Manager will also co-ordinate and oversee processes in this regard.
3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To comply with these processes, and ensure that the documentation system is adhered to, and policy and procedure in this regard followed.

4. **REFERENCES:** **See Appendix A - Reference List**

5. **DETAILS OF PROCEDURE (Contd.):**

The processes in relation to the quality assurance documentation system is outlined under the following headings:

5.1 **Overview**
5.2 **Structure of QA documentation**
5.3 **Documentation structure and coding**
5.4 **Documentation development and approval**
5.5 **Documentation control – issue and distribution**
5.6 **Documentation control – revisions/amendments**
5.7 **Documentation control – updating of controlled revision log for QA documentation**
5.8 **Documentation control – removal and archival of obsolete QA documentation**
5.9 **Confirmation of staff on receipt of QA documentation**
5.10 **Maintaining and security of QA documentation**

5.1 **Overview**
St. Joseph's Training Services has developed a Quality Assurance System. The Quality Assurance system in use is fully documented, with policies, procedures, guidelines and resources in place. Best practice and national guidelines is followed in terms of the activities of St. Joseph's Training Services, including QQI Quality Assurance Guidelines, to ensure that policies and procedures are fit for purpose by regular review if same. This is also in tandem with Ability West's Quality Management System, and in line with ISO9001:2015.

5.2 **Structure of QA documentation**
The documentation system is outlined with policies and procedures developed for specific areas, identified on review of QQI Quality Assurance Guidelines and in relation to ensuring that processes for education, training, services and supports provided by St. Joseph's Training Services are adequately documented.

Sections are outlined as follows:

Section Code	Section
TS01	Government and Management
TS02	Quality Assurance Documentation System
TS03	Programme Development, Review, Approval
TS04	Referrals, Admissions, Progress and Recognition of prior learning
TS05	Training Cycle and review
TS06	Teaching, Learning, Delivery of Training
TS07	Assessment of Training for trainees
TS08	Information and Data Management
TS09	Public Information and Communication
TS10	Other Parties involved in Education and Training

5.   DETAILS OF PROCEDURE (Contd):

5.3   Documentation Structure and Coding:

5.3.1 Structure - Policies

Policies are developed, with reference to guidance on best practice in terms of what policies should contain, from Ability West's Quality Management System. Each policy is provided with a specific title for the policy area covered, and is denoted as TSXX, depending on the section the policy is under.

5.3.2 Structure - Procedures

Procedures are developed, with reference to guidance on best practice in terms of what procedures should contain, from Ability West's Quality Management System. Each procedure is provided with a specific title for the procedure area covered, and is denoted as TSXX.0X, depending on the section the procedure is under.

5.3.3 Revision History and Version History of policies and procedures

Revision history number is included in each policy and procedure and this distinguishes current policies and procedures. Revision history contains revision number, date, and brief description of change referred to, in relation to reviews.

Version history is contained in each policy and procedure, denoting current version and persons involved in development and review.

5.3.3 New policies and procedures

As new sections and/or policies/procedures are added, they are given the next numerical number in order. This is controlled by the Quality and Compliance Dept. with records maintained in this regard.

Records are maintained by the Quality and Compliance Department of documentation control.

5. DETAILS OF PROCEDURE (Contd):

5.4 Documentation development and approval:

Policies and procedures are generally developed and/or reviewed with input from relevant parties, e.g. Manager, some staff members, representatives from the Quality and Compliance Department, multidisciplinary support staff as deemed necessary. If there is substantial change to context the Academic Council will be consulted for input. Once the policy and/or procedure is developed, taking account of guidance from Ability West's Quality Management System the draft documentation is submitted to the Manager of St. Joseph's Training Services. The Manager will consult with the Quality and Compliance Manager in relation to version of documentation, and in particular, content, structure and coding.

If further information/amendment is required the draft documentation is returned to the individual/group who developed the draft.

On completion of documentation control, i.e. version numbers, revision history, noted on documentation, by the Quality and Compliance Dept., the draft policies and procedures will be presented to the Policy Advisory Group of Ability West, any further information or queries will be directed to the Manager of St. Joseph's Training Services and/or the Quality and Compliance Manager, and any necessary amendments made.

On approval of the policies and procedures by the Policy Advisory Group the following process will be followed:

Policies – presented to the Board of Directors for ratification, and following successful ratification, sign off of the policies by the Manager of St. Joseph's Training Services and Chief Executive. This will be organised by the Quality and Compliance Manager.

Procedures – sign off of the procedures by the Manager of St. Joseph's Training Services and Chief Executive. This will be organised by the Quality and Compliance Manager.

Depending on the content of the documentation, an implementation plan may be required, and if this is the case, it will be developed by the Manager, in consultation with relevant staff, e.g. staff team, Quality and Compliance Department members.

5.   DETAILS OF PROCEDURE (Contd):

5.5   Documentation control – issue and distribution:

Following approval, sign off and publication, the documentation becomes part of the Quality Assurance documentation system of St. Joseph's Training Services. Issue and distribution is outlined below.

The Quality and Compliance Manager arranges publication.

Hard copy documentation will have original signatories. The Quality and Compliance Manager will type in the detail of signatories and dates to the soft copies for master soft copies. Quality and Compliance Manager will ensure that the revision history and version history is included appropriately on master copies.

To be effective, documentation for the Quality Assurance system must be disseminated to all those that it is intended to inform.   In this regard Controlled Distribution Lists are in place identifying soft copy and hard copy distribution, and includes all locations of St. Joseph's Training Services, and other Departments that may be identified as requiring access to the documentation. It also includes soft copy distribution and access to the location of this on intranet.

The Quality and Compliance Dept. will arrange for the dissemination of such documentation (i.e. policies and procedures), through the Line Management Structure. This will be done in soft and/or hard copy format as per the Controlled Distribution Lists, and will occur no later than one month following approval and sign off of the documentation. The template for the Controlled Distribution list can be used for a record of distribution of documentation, and maintained in soft copy format.

Ref. Controlled Distribution Lists – St. Joseph's TS QAForm01.

5.6   Documentation control – issue of full set of Quality Assurance System policies and procedures

Full sets of the QA System policies and procedures are provided to relevant parties, for example on introduction of the QA System, if new Training Service locations are established. Documentation control is maintained in this regard, and completion of Controlled Documentation Issue Log.

Ref. Controlled Documentation Issue Log – St. Joseph's TS QAForm02.

5. DETAILS OF PROCEDURE (Contd):

5.6 Revisions/amendments:

Revisions may emanate from a number of areas including – trainees, staff, specific groups, Directorates, Academic Council, Policy Advisory Group, Chief Executive, Senior Management Team, Quality and Compliance Department members. Revisions may also emanate from review processes, changes to processes, or review schedule as per timescale stipulated to ensure they are current, up-to-date and reflect best practice. At a minimum policies and procedures are reviewed within a timescale of three years.

Ability West's Quality Management System can be referred to for guidance in terms of reviews. Advice from the Quality and Compliance Department may also be sought in relation to review of policies and procedures.

Records are maintained of revisions to policies and procedures, and Amendment Request Form is completed by the individual/group in this regard. This form is submitted to the Manager, who will consult with the Quality and Compliance Manager regarding the change.
Ref. QA Amendment Request Form – St. Joseph's TS QAForm03.

If further details are required, the Manager will revert to the individual/group in this regard. Once agreement on the changes by the Manager and Quality and Compliance Manager, and draft documentation completed, the process as noted above will be followed, in terms of submission to the Policy Advisory Group, and also Board of Directors for ratification of policies. Once approved, such documentation will go through the documentation issue and distribution process as outlined above.

5.7 Documentation Control – Updating of controlled revision log for QA documentation

Quality and Compliance Manager updates specific QMS Controlled Revision Log – Controlled Revision Log for QA documentation – St. Joseph's TS QAForm04, with record of revision to specific documentation. Separate records are maintained for each section of the QMS documentation. Revision history is also contained individually on each policy and procedure.
Ref. Controlled Revision Log for QA documentation - St. Joseph's TS QAForm04.

5.8 Documentation control – removal and archival of obsolete QA documentation

The Quality and Compliance Manager removes the obsolete hard copy master and soft copy master and replaces them with the updated versions, i.e. new master. Obsolete documentation will be clearly identified with red print 'obsolete'. The soft copy 'obsolete' master will be clearly identified with red print denoting 'obsolete', and is archived in the QA filing system (soft copy). The hard copy obsolete; master is destroyed confidentially.
The removal of hard copies of controlled documents to be modified or made obsolete, is the responsibility of the specific Line Manager. The Line Manager will withdraw the appropriate

documents and destroy confidentially or return to Quality and Compliance Manager to undertake this.

5. DETAILS OF PROCEDURE (Contd):

5.9 Confirmation of staff on receipt of QA documentation

The specific Line Managers will verify that all staff within their respective areas have been made aware and are updated on QA documentation. This is generally done through methods such as staff meetings, individual meetings, sharing of communications on new/updated documentation. Staff will sign off on circulation documentation on new/amended QMS documentation, specific staff verification sheet is available on the Ability West intranet, under Resources. Copies of such verification will remain in the service location.

5.10 Maintaining and security of records of QA documentation

The Quality and Compliance Manager is responsible for the co-ordination of management of all relevant records for the QA System, in consultation with the Manager.

Records of all changes to QA documentation are maintained by the Quality and Compliance Department, overseen by the Quality and Compliance Manager.

Records are maintained of distribution of revisions by the by Quality and Compliance Department, overseen by the Quality and Compliance Manager.

Records of the all controlled documentation/data are maintained by the Quality and Compliance Department, overseen by the Quality and Compliance Manager.

Controlled access is detailed hereunder:
- Master copies of QA Documentation/data are maintained in hard copy format in secure filing press in Quality and Compliance Department offices, with secure access.
- Master copies of QA Documentation/data are maintained on computer on separate controlled file under specific Drive, with controlled access by Quality and Compliance Dept. members. Back up system is in place, including fireproof safe.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process
NEXT REVIEW DUE:		10/2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	O.P.A.R. NO.
0	11/11/2020	New procedure introduced to reflect current processes	001

1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

TS003 - POLICY ON PROGRAMME DEVELOPMENT, REVIEW AND APPROVAL

St. Joseph's Training Services is committed to ensuring that the development of new programmes is conducted systematically and in line with best practice, legislation and Quality Assurance Guidelines. This includes the evaluation of new programmes by the appropriate personnel and those involved in decision making processes, including governance and management. It includes monitoring and review. It also includes participation and consultation with stakeholders.

Policies and procedures hereunder outline programme development, review and approval, to ensure that programmes:

- Are designed with overall objectives and strategies that are in line with the explicit intended learning outcomes overseen by the Academic Council
- Are developed in line with the requirement of the National Framework of Qualifications and associated policies and procedures on Access, Transfer and Progression, for programmes that are externally accredited
- Are designed with the ethos of QQI Quality Assurance Guidelines taken on board for all programmes, externally accredited or internally provided/assessed
- Are designed with the consultation of stakeholders, for example, trainees and staff
- Benefit from external expertise and reference guidelines to ensure they fulfil needs as appropriate
- Are designed to enable smooth progression for trainees within and between programmes
- Are documented so that learners are aware of the expected learner workload and learning outcomes, at intervals suitable to the learners
- Are compliant with internal policies and procedures and regulatory requirements
- Have arrangements for co-ordinating provision of programmes across all locations to ensure consistency and maintaining standards
- Include work related and training placement opportunities to complement the programmes and learning outcomes
- Are subject to formal internal provider approval processes, taking into account compliance with policies, procedures, regulatory requirements
- Are subject to ongoing review and monitoring to ensure continued effectiveness and to ensure the programmes remain current and meet the needs of trainees.
- Are designed, taking account of the intended mode of delivery and learning environment

- Programme delivery is monitored in a way which allows for the identification of needs and the modification and adjustment of the programme and the delivery method as appropriate.

Policies and procedures have been developed, detailing how each element is addressed in terms of programme, development and review. This aims to ensure that the development of new programmes is conducted systematically, approved and continually reviewed and monitored to ensure effectiveness and to ensure that programmes meet the changing needs of trainees and potential trainees.

This specific policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____ *Date:* *12/10/23*
_____*Manager*

Approved by: _____ *Date:* _____
_____*Chief Executive*

Implementation Date: _____

VERSION HISTORY:

Rev. 0	PREPARED BY: Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services	DATE: 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	DATE: 01/06/2021
Rev. 1	REVIEWED BY: Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	DATE: 12/10/2023
	APPROVED BY:	DATE:

Rev. 2	REVIEWED BY:		DATE:
	APPROVED BY:		DATE:
	NEXT REVIEW DUE:		DATE: 10/2026

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

THIS SECTION IS COVERED IN A NUMBER OF PROCEDURES AS DETAILED HEREUNDER, PROCEDURE ON NEEDS IDENTIFICATION AND FEASIBILITY OF PROGRAMMES, SERVICE PLAN AND ELEMENTS OF PROGRAMME DESIGN, APPROVAL, PLANNING AND DELIVERY, MONITORING AND REVIEW

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Needs Identification and Feasibility of Programmes	NO.: TS003.01	REV: 1
SECTION 03: Programme Development, Review and Approval	PAGE: 1 of 4	
PREPARED BY:	DATE: *12/10/23*	
APPROVED BY*:*	DATE:	

1. **PURPOSE:**
1.1   The purpose of this procedure is to outline how programmes are developed to meet an identified need.

2. **SCOPE:**
2.1   This procedure is applicable to potential and current trainees.
2.2   This procedure is applicable to staff members.

3. **RESPONSIBILITY:**
3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.
3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.
3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.
3.4   **St. Joseph's Academic Council** – To provide governance for the academic processes of St Joseph's Training Services; and to review policies and procedures, and programme development.
3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.
3.6   **Unit Director/Person in Charge/Manager** – To ensure that needs analysis and identification is carried out effectively, and ensure that there is a regular feasibility study carried out.
3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.
3.8   **Staff members:** To participate in the needs identification and feasibility process.

This includes persons on Placement Schemes (e.g. CE, TUS).

ST. JOSEPH'S TRAINING SERVICES				
TITLE: Needs Identification and Feasibility of Programmes	NO.:	TS003.01	REV: 1	
SECTION 03: Programme Development, Review and Approval	PAGE:	2 of 4		

4.   REFERENCES: See Appendix A - Reference List

5.   DETAILS OF PROCEDURE:

5.1   Needs Identification

5.1.1   During the referral process information is gathered from the potential trainees, their family support network, previous services, and this is completed through the sampling process. For further information on the referral and admission process - refer to Ability West Policy and Procedure on Referrals, Admissions and Transfers.

5.1.2   On admission to the centre, a Link Worker is assigned to each trainee to ensure smooth co-ordination and identification of individual training needs.

5.1.3   On an ongoing basis, each trainee meets with their Link Worker at least bi-monthly where overall training is reviewed. These meetings (called Individual Training Meetings) include review of goals, and new goals being set. Trainees' views with regard to overall preferences are also discussed. Records are maintained of these meetings.

5.1.4   Work experience placements is an integral part of the training experience for trainees, feedback from such work experience and reports in this regard are taken on board in a general sense with regard to future potential options.

5.1.5   Regular trainee meetings take place at which the trainees experience of training is discussed.

5.1.6   Regular staff meetings and planning meetings take place at which staff are provided with opportunities to provide input into programme development, delivery and review. This includes all areas of training, including needs of trainees, potential trainees, and infrastructure.

5.1.7   At Academic Council Meetings discussions are held on Needs Identification in the context of its role regarding academic governance.

5.1.8   Requests from family support network and other parties (e.g. multidisciplinary support) with regard to training options.

5.1.9   Keeping abreast of changes in legislative and regulatory environment and changes nationally that may impact on training, e.g. QQI, HSE newsletters, Ability West intranet, Managers Days, Staff briefings, interested stakeholders.

5.1.10 Networking on a local basis in relation to potential work placements is undertaken by staff.

5.1.11 Regular review of attainment of objectives, and certification levels, reports of Internal Verification, External Authentication and Results Approval Meetings.

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5.1.12 Liaison and contact with the HSE Guidance Officer, with regard to potential trainees, existing trainees and transitioning process.

5.1.13 All above feed into the overall needs identification process and forms the basis of the feasibility study.

5.2 Feasibility Study:

5.2.1 Feasibility study is carried out on all existing programmes, on a yearly basis. This is undertaken as part of the work at the Developmental Days and discussed by the Academic Council in the context of the impact on academic developments and outcomes. Commercial/financial approval for feasibility study takes the form of the Area Manager approving Manager and Staff to have a Developmental Day for this purpose, without trainees present. Any further work needed is managed by St Joseph's Training Services Manager, through managing own time and timetable adjustments if other staff required beyond the Developmental Day.

5.2.2 The feasibility study is an ongoing process and includes assessing the appropriateness and viability of existing and proposed training programmes, taking information from above Section 5.1 into account, which assists in forward planning:
- Potential trainees and demand for existing training services
- Current trainees, staff and existing services
- Input from family support network and other relevant parties (e.g. MDT)
- Take information from Academic Council meeting records and recommendations
- Changing needs and changing environment
- Impact of legislative and regulatory environment and changes
- Work placement options
- Resources - staffing, infrastructure - including premises, equipment and facilities, IT resources
- Success of existing programmes in attaining objectives and in meeting the needs of trainees
- Perspective and input from interested parties, e.g. HSE Guidance Officer, QQI
- Any revisions to timetables or adaptations to programme elements

5.2.3 The Manager of St. Joseph's Training Services signs off on the feasibility study and submits same to the Assistant Director of Client Services for approval.

5.2.4 Records of feasibility studies are maintained in the Training Services. Copy is provided to the Director of Client Services and Chief Executive.

5.2.5 Records are maintained in compliance with Freedom of Information and Data Protection legislation, including GDPR.

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6.   MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of needs identification and feasibility study; Review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7.   REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	O.P.A.R. NO.
0	11/11/2020	New procedure	002
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

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ST. JOSEPH'S TRAINING SERVICES		
TITLE: Service Plan	NO.: TS003.02	REV: 1
SECTION 03: Programme Development, Review and Approval	PAGE: 1 of 2	
PREPARED BY:	DATE: 12/10/23	
APPROVED BY:	DATE:	

1.   PURPOSE:

1.1   The purpose of this procedure is to document the process of service planning for St. Joseph's Training Services in line with Ability West's strategic plan.

2.   SCOPE:

2.1   This procedure is applicable to potential and current trainees.

2.2   This procedure is applicable to staff members.

3.   RESPONSIBILITY:

3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services

3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.

3.6   **Manager** – To manage the process of service planning, resulting in the development of a service plan for St. Joseph's Training Services.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To participate in the service planning process. This includes persons on Placement Schemes (e.g. CE, TUS).

4. REFERENCES:

See Appendix A - Reference List

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TITLE: Service Plan	NO.:	TS003.02	REV: 1
SECTION 03: Programme Development, Review and Approval	PAGE:	2 of 2	

5. DETAILS OF PROCEDURE:

5.1 The Ability West strategic plan is taken into account during the process of development of St. Joseph's Training Service plan. St. Joseph's Training Service Plan is reviewed and updated on a yearly basis.

5.2 The Ability West strategic plan is used to formulate St. Joseph's Training Services Service plan.

5.3 In developing the Service Plan the Manager takes account of the views of trainees, staff, family support network, Academic Council and interested parties. This is undertaken through the normal routines of service and support provision and interactions. Examples include - trainee meetings, staff meetings, individual trainees meetings, family meetings, Academic Council meetings. This also takes account of needs identification and feasibility study.

5.4 The Service Plan is formulated in line with the strategic plan, under the main goals, identified and how they relate to St. Joseph's Training Services. Commercial/financial management of this process is the responsibility of the Manager of St Joseph's Training Services, as creation of Service Plan ultimately falls within their administrative remit.

5.5 Realistic targets are set against local goals for St. Joseph's Training Services. Review is undertaken regularly with regard to progress on goals set, with a minimum of yearly review.

5.6 Information is provided to all relevant parties on status of goals. Academic Council approve the Service Plan.

5.7 The Manager of St. Joseph's Training Services signed off on the Service Plan, and provides a copy to the Area Services Manager for approval. A Programme development working group is established.

5.8 Records of the Service Plan and reviews are maintained in the Training Services.

5.9 Records are maintained in compliance with Freedom of Information and Data Protection legislation, including GDPR.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of developing a service plan, changes regarding St. Joseph's Training Services – service plan, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	Q.A.R.F. NO.
0	11/11/2020	New procedure	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES			
TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	**NO.: TS003.03**		**REV: 1**
SECTION 03: Programme Development, Review and Approval	**PAGE: 1 of 6**		
PREPARED BY:	**DATE: 12/10/23**		
APPROVED BY:	**DATE:**		

1. PURPOSE:

1.1 The purpose of this procedure is to document the process of programme design, approval, planning, delivery, monitoring and review.

2. SCOPE:

2.1 This procedure is applicable to potential and current trainees.

2.2 This procedure is applicable to staff members.

3. RESPONSIBILITY:

3.1 **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2 **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3 **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services; to provide academic oversight of programme design, approval, planning, delivery, monitoring and review.

3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.

3.6 **Manager** – To manage the process of programme design and elements as outlined above, resulting in effective programme delivery for St. Joseph's Training Services.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To participate in the service planning process. This includes persons on Placement Schemes (e.g. CE, TUS).

4. REFERENCES: See Appendix A - Reference List

ST. JOSEPH'S TRAINING SERVICES			
TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	NO.: TS003.03		REV: 1
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5. DETAILS OF PROCEDURE:

5.1 Programme Design and Development:

The programmes delivered in the training services are outlined in the RT Training

Programme Specification, and this document is widely available.

The RT Training Programme Specification includes the following:

- All programmes either in-house or externally accredited.
- This incorporates externally accredited training programmes, e.g. programmes accredited by QQI for various levels, under St. Josephs' Training Services.
- The Training Programme also references programmes accessed externally at various levels, e.g. G.R.E.T.B., NALA.

The design of the RT Training Programme Specification for the centre is co-ordinated by the Manager, in consultation with staff members, and liaison with the Occupational Guidance Officer of the H,S.E. who

through a combination of experience and everyday contact and assessment are aware of the needs of individual trainees. This is also influenced by the feasibility study and strategic plan. Commercial/financial concerns regarding programme design are managed by St Joseph's Training Services Manager in conjunction with Area Manager – working groups are organised that can take place during the normal functioning of Training Services, perhaps through use of Relief Staff as cover.

The RT Training Programme Specification (TPS) is drawn up using the framework - Standard QA00/01, and includes the following -

- RT Programme Aim
- RT Programme Objectives
- Outline of individual Programmes offered, and Learning Outcomes
- Training Plan
- Training Approach
- RT Programme Duration
- RT Programme Assessments
- Record System
- Trainee Target Profile
- Trainer Profile
- Training Facilities
- Induction Module
- Training Modules
- Review, copyright and Acknowledgements

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TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	NO.:	TS003.03	REV: 1
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5.   **DETAIL OF PROCEDURE (Contd.):**

5.1   Programme Design (Contd.):

Each programme can contain a number of modules/components depending on the complexity of the content, and external accreditation requirements (QQI).

Each programme is developed in line with the Training Specification template. This includes - aims, objectives, training plan, duration and assessment - this list is not exhaustive. This template can also be used as a base for individual modules/components. Commercial/financial concerns regarding programme design are managed by St Joseph's Training Services Manager in conjunction with Area Manager – working groups are organised that can take place during the normal functioning of Training Services, perhaps through use of Relief Staff as cover.

Each programme is developed to take account of the following:

- Individual modules/components are designed in line with the overall programme objectives
- Each programme must have explicit learning outcomes, and the same applies to individual modules/components
- Designed with the involvement of trainees, staff, Occupational Guidance Officer and other relevant stakeholders; trainees' support network are involved in some programme development areas as relevant
- Designed to take account of feasibility study and strategic plan
- Designed for smooth transition and progression to other relevant programmes, either within the training services or externally accessed
- Define the trainees' workload
- Compliant with any relevant regulatory requirements, and standards of good practice
- Effective co-ordination of training at multiple locations (i.e. satellites)
- Designed to include well-structured placement opportunities where appropriate
- Subject to ongoing monitoring and periodic review
- Designed with the intended mode of delivery and learning environment in mind
- Subject to formal internal provider approval processes against defined criteria, for any programmes accredited to QQI
- Subject to external accreditation processes against defined criteria, for any programmes accredited to QQI
- Developed in line with QQI requirements for any programmes accredited to QQI.
- Subject to review by St Joseph's Training Services Academic Council for academic oversight.
- Programme's are approved by the Academic Council and Ability West Board.

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TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	NO.: TS003.03	REV: 1
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5.   DETAIL OF PROCEDURE (Contd.):

5.2   Programme Approval:

The RT Training Programme Specification which details all programmes is approved in the first instance by the Academic Council and signed off by the Manager of St. Joseph's Training Services. This is then presented to the Chief Executive of Ability West for sign-off.

The RT Training Programme Specification and any amendments/revision must be approved by the Manager of St. Joseph's Training Services and the Chief Executive of Ability West.

The Master Copy of the RT Training Programme Specification is maintained by Quality and Compliance Department of Ability West, and copies provided to each location of St. Joseph's Training Service.

A copy is provided to the Occupational Guidance Officer of the HSE as requested.

The RT Training Programme Specification is a controlled document. Records management system is in place for St. Joseph's Training Services policies and procedures and this is followed.

For individual programmes developed which are externally accredited by QQI (e.g. Level 1, Level 2), such programmes are approved and signed off by the Manager of St. Joseph's Training Services and the Chief Executive of Ability West.

For individual programmes developed which are not externally accredited, e.g. in-house programmes, these are approved and signed off by the Manager of St. Joseph's Training Services.

5.3   Programme Planning and Delivery:

Responsibility for overall training delivery rests with Manager of St. Joseph's Training Services, who visits all locations of training, in terms of oversight.

Staff meetings are held on a regular basis for each location, and additionally planning days are held to incorporate all locations together. This serves to ensure that programmes are delivered in line with the Training Programme Specification and any external accreditation requirements are incorporated. Consistency in programme delivery is discussed along with programme planning in each location. Records are maintained of such planning meetings.

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5. **DETAIL OF PROCEDURE (Contd.):**

5.3 **Programme Planning and Delivery (Contd.):**

Each location is provided with a copy of the RT Training Programme Specification and follow this in relation to training.

Each location is provided with a copy of individual programmes and follow same.

Each location is provided with a copy of the Statement of Purpose and follow same.

Each trainer maintains lesson plans in conjunction with the Training Programme Specification, and in line with best practice, relating back to internal and external accreditation requirements. Additionally, timetables displayed in pictorial format reflect the training areas within the centre. Each individual trainee has their own timetable.

5.4 **Programme monitoring and review:**

Programme delivery is also monitored with individual trainees through individual training meetings. Group trainee meetings are also held with feedback requested regarding programmes. This feeds into the overall programme review processes.

Timetables are reviewed on a regular basis, particularly at times of significant change, e.g. start of new academic year. Changes are made to the timetables to accommodate individual needs, while maintaining the integrity of the programme outcomes.

Each individual trainee has an individual training plan with short term and long term goals which are reviewed periodically. This involves a 12 week initial assessment period, that can be extended in exceptional circumstances. Initial assessment and Baseline of training form is completed to document baseline skills, supports, goals and barriers. Following this review meetings are held regularly, at least every three months and a formal review yearly. Data regarding completion of goals is tracked in the individual training plans and centrally by the Manager.

Staff liaise with third party training providers (e.g. G.R.E.T.B) in terms of any feedback and areas for improvement and learning on a regular basis, which facilitates the smooth learning environment for trainees.

Overall, programme delivery is monitored in a number of ways, including through staff meetings, and planning/development meetings. Overall programme/development review occurs during planning meetings, and this includes discussion on feedback from trainees, staff, feedback from placements, any input from third parties (e.g. training providers), outcome results, certification records. The information from such reviews is collated and feeds into the overall programme development and delivery process, in terms of ensuring that the programme achieves the objectives set and responds to the needs of learners and changing needs of society. Programmes are adapted in line with such reviews, while maintaining the integrity of programmes and certification requirements. Records are maintained of such reviews.

St Joseph's Training Services Academic Council review developments as required from the perspective of academic governance.

New programmes, once approved by the Academic Council and Ability West Board, are submitted to QQI for validation.

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TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	NO.: TS003.03		REV: 1
SECTION 03: Programme Development, Review and Approval	PAGE: 6 of 6		

6.   MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of programme design, approval, delivery, planning and review
NEXT REVIEW DUE:		10/2026

7.   REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	O.P.A.R. NO.
0	11/11/2020	New procedure	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Access, Transfer, Progression and Recognition	NO.: TS004.01	REV: 1
SECTION 04: Referrals, Admissions, Progression	PAGE: 1 of 6	
PREPARED BY:	DATE: 12/10/23	
APPROVED BY:	DATE:	

1.   PURPOSE:

1.1   The purpose of this procedure is to document the process of access, transfer, progression, and recognition of prior learning, specifically in relation to training processes for trainees in St. Joseph's Training Services.

1.2   The purpose is also to ensure access, transfer, progression and recognition of prior learning opportunities are available to trainees.

2.   SCOPE:

2.1   In terms of training at St. Joseph's Training Services, the definitions applied to the processes of - Access, Transfer and Progression, are as described in the Quality Qualifications of Ireland (QQI), i.e. describes the pathways available to learners to enter and transfer between, and progress from programmes of education and training, which are the main route to achieving awards and qualifications.

Definitions include:
- **Access** - the process by which learners may commence a programme of education and training having received recognition for knowledge, skill or competence required.
- **Transfer** - the process by which learners may transfer from one programme of education and training to another programme having received recognition for knowledge, skill and competence acquired.
- **Progression** - the process by which learners may transfer from one programme of education and training to another programme.
        (Access, Transfer and Progression, accessed via www.QQI.ie)

2.2   The scope of this procedure also applies to **recognition of prior learning (RPL)** which describes a process used to evaluate skills and knowledge gained through life outside of formal education and training, for the purpose of recognising life achievements against a given set of standards or learning outcomes.   (www.QQI.ie)

2.2   This procedure is applicable to potential and current trainees.

2.3   This procedure is applicable to staff members.

3.   RESPONSIBILITY:

3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services

3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.

3.6   **Manager** – To manage the process of access, transfer, progression and recognition of prior learning and elements as outlined above, resulting in effective programme delivery for St. Joseph's Training Services.

3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8   **Staff members:** To comply with access, transfer and progression processes.

4.   REFERENCES:
See Appendix A - Reference List

5.   DETAILS OF PROCEDURE:

5.1   Information Provision:

All prospective trainees go through Ability West's referral process, and if successful, then go through the admission process. Information is provided at referral and admission stages to prospective trainees on St. Joseph's Training Services and the programmes on offer.

Trainees are offered the opportunity to visit the Training Services locations, this may be through individual visits, open evenings and/or sampling.

Information leaflets and other information on programmes are also available to trainees, and to families.

On an ongoing basis, information is provided to trainees through induction meetings, trainee meetings, individual trainees meetings, information circulars, and notices throughout the centres. A variety of communication methods, such as a wide range of visuals, sign language, pictorial representation, is available.

Staff and the Manager are also available to provide information to trainees on an ongoing basis, and on request.

Information is provided to trainees on opportunities for access, transfer, progression and recognition.

A complaints procedure is available in all locations, in user friendly format in each location, and information on this provided to trainees.

5.   DETAILS OF PROCEDURE:

5.2   Access:

Ability West's procedures on referral, admission and transfers outlines processes in this regard, with a specific section outlining processes for St. Joseph's Training Services. This includes criteria and eligibility. This is also outlined in the Information Leaflet.

Once applicants successfully go through the referral and admissions process, all trainees have the opportunity to access to the programmes on offer at all locations of St. Joseph's Training Services.

Trainees are provided with information on the entry requirements for each training programme through the induction process, initial assessment process and through individual training plan meetings, as appropriate.

Entry requirements are specified for each training programme, appropriate to the programme type and level. Such entry requirements are clear, decisions on allocation of places on programmes are transparent, and all applicants are treated in a fair, equal and consistent manner.

At any stage during the training period, if it is deemed that the service is not suitable to the needs of the trainee, following extensive work in facilitating the service user, the placement may be discontinued. All efforts are made to find a more suitable placement for the person through Ability West processes, e.g. Transfer, Discharge. St. Joseph's Training Services works closely with the HSE Occupational Guidance Officer in this regard.

5.   DETAILS OF PROCEDURE (Contd.):

5.3   Transfer:

Trainees have the opportunity to transfer to another programme internally in St. Joseph's Training Services, with learning outcomes already achieved recognised.

Trainees are provided with information on opportunities to transfer to another programme, through individual training plan meetings, and/or discussions with individual instructors, as appropriate.

Trainees who wish to transfer internally to another programme can do so by discussing same with their link worker initially. Such requests may be directed to the Manager and consideration given.

Decisions on internal transfer arrangements are then made on the basis of the following:

- There must be places available in the new/transfer programme.
- Applicants seeking to transfer must meet the entry requirements for admission to the new/transfer programme.
- Applicants must be in a position to complete the programme in the timeframe of their training period.
- Recognition of Prior Learning arrangements to be taken in account, if relevant (see below).
- Learning outcomes of the programme must be in line with the trainee's individual training plan goals (short and long term).

A decision is provided to the individual trainee seeking a transfer. If the applicant is not happy with the outcome, they are provided with details of complaints procedure.

Activity relating to admissions and progression is shared with St Joseph's Training Services Academic Council.

5.4   Progression:

St. Joseph's Training Services has a framework of integrated awards, with trainees having the opportunity to progress from programmes at various levels, e.g. Level 1 to Level 2. This takes account of the learning outcomes of each programme relative to each individual trainees' outcome.

Trainees are provided with information on opportunities for progression to another programme, through individual training plan meetings, and/or discussions with individual instructors, as appropriate.

Generally, trainees, will be approved to undertake the next programme on the progression pathway, once they have successfully completed a programme leading to an award.

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5.   DETAILS OF PROCEDURE (Contd.):

5.4   Progression (Contd.):

St. Joseph's Training Services will establish where it deems appropriate, additional requirements as an integral component of a progression pathway (e.g. successful completion of a portfolio, work placement, etc.). This is also ascertained through the induction process.

Staff, along with the Manager continually monitor the performance of trainees and provide information with regard to opportunities for progression. This is undertaken in a number of ways, including individually with trainees, through individual trainee meetings, through staff meetings and planning/development meetings. Supports are provided to trainees in terms of identified needs, for example, use of visuals, variety of learning and assessment materials, which facilitates opportunities for progression by trainees.

Performance of trainees is also monitored through assessment processes, with internal verification processes as detailed elsewhere in the QA System. For externally accredited training, a process of external authentication is followed, along with Results Approval Panel reviews.

Statistics on trainee progress and outcomes is reviewed on a regular basis by the Manager, through the planning and development days, and this feeds into the overall programme development, review and approval processes. This process and related data collected is shared with the Academic Council for review.

5.5   Recognition of Prior Learning:

During the admission and initial assessment process trainees are provided with information and have opportunities to put forward a case for recognition of prior learning. This will involve requesting the applicant to present information and documentation, with evidence of prior learning.

Such applications are considered by the relevant staff team and Manager, with input from the individual trainees as appropriate.

Application process takes account of the following:

- Fair recognition of education and training qualifications, periods of study and prior learning, including the recognition of non-formal and informal learning

- This will include a process of identification of the specific details of prior learning, assessing the detail, validating the information and certification (if appropriate)

- Benefits of undertaking overall programmes in totality, taking account of the content and benefit for the trainee in terms of individual outcomes

- Take account of best practice and national guidelines in this regard (e.g. QQI).

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5. DETAILS OF PROCEDURE (Contd.):

5.5 Recognition of Prior Learning (Contd.):

A decision is provided to the individual trainee seeking recognition of prior learning. If the applicant is not happy with the outcome, they are provided with details of the complaints procedure.

5.6 Appeals:

A trainee can appeal any decision made on above elements by use of the complaints procedure. The results approval process includes opportunities for appeal, and appeal of assessment process and assessment results. This is outlined in the Assessment procedures – Appeals process.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of access, transfer, progression and recognition, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	O.P.A.R. NO.
0	11/11/2020	New procedure	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

EXTRACT FROM PROCEDURE – TRAINING CYCLE FOR TRAINEES WHICH OUTLINES <u>INDUCTION</u>, I.E. SECTION 5.1 AND 5.2 BELOW

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES			
TITLE: **Training Cycle for trainees**	NO.: **TS005.01**		REV: **1**
SECTION 05: Training Cycle	PAGE: **1 of 8**		
PREPARED BY*:	**DATE***: **12/10/23**		
APPROVED BY:	**DATE:**		

1.   **<u>PURPOSE:</u>**

1.1   The purpose of this procedure is to outline the processes involved in the training cycle for each trainee admitted to St. Joseph's Training Services.

1.2   The purpose of this procedure is also to document the process of development of each trainee's individual training plan undertaking training in St. Joseph's Training Services

2.   **<u>SCOPE:</u>**

2.1   This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

3.   **<u>RESPONSIBILITY:</u>**
3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.
3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.
3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.
3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.
3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.
3.6   **Manager** – To ensure the processes involved in the training cycle for each trainee are effectively implemented.
3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.
3.8   **Staff members:** To comply with these processes.

4.   **<u>REFERENCES:</u>   See Appendix A - Reference List**

5. DETAILS OF PROCEDURE:

The processes involved in the training cycle for each trainee are as follows:
EXTRACT 5.1 AND 5.2

5.1 Induction;

5.2 Initial assessment period and commencement of individual training plan

5.1 Induction:

The Programme will begin with an induction module by the centre manager and instructors. Trainee will spend time in each training area during the induction period. A Link Worker is assigned to each trainee, and this person meets with the trainee on a regular basis. Elements of induction are expanded on over the initial assessment period.

Records of induction are maintained, by way of completion of an induction manual for each trainee. This is signed off by the trainee and centre manager on completion. This forms part of their individual training record file.

Any issues pertaining to individual trainees and capacity for the programme to be of benefit to the person are highlighted to the person themselves and their family support person. This is also highlighted to the Area Services Manager and the HSE Guidance Officer.

Information from this process relevant to academic governance will be shared with the Academic Council.

5.2 Initial assessment period and commencement of individual training plan:

An initial assessment period then takes place, which lasts 12 weeks, and can be extended in some exceptional circumstances. The trainees will have the opportunity during this time to spend time in each training area. This will give an opportunity for trainees to be provided with information on compulsory elements and also to experience the full range of modules on offer. This includes internal and externally accredited programmes. The amount of time devoted to each module will vary depending on the trainee's ability and interests. Timetables are developed, insofar as possible to accommodate trainee's ability and interests, and to ensure a broad base of subject matter to facilitate the assessment process.

As noted above, elements of induction are followed through during the initial assessment period also.

The Initial Assessment and Baseline of Training form is completed to document each individual's baseline skills, supports required, training goals and barriers. A report is also received from each instructor in each training area. All these records are used to feed into the review meeting and processes in terms of goals. These are maintained in the trainee's individual training record file.

Following the initial assessment period, a review meeting is held with the trainee, their support family member, centre manager and link worker, and any other relevant persons, e.g. multidisciplinary team member. The purpose of this meeting is to review whether the training programme can meet the identified needs of the trainee. This meeting is also used to commence the process of the individual programme plan and setting of long terms goals.

The Individual Training Plan is commenced to include short term and long term goals for the trainee. The individual timetable is updated accordingly.

Initial assessment form and recognition of prior learning form are completed at the end of the 12 week period for each trainee. Records are maintained in the trainee's individual training record file. Record of review meeting is forwarded to all those in attendance at the meeting, and copy to central files. A letter to confirm outcome of the review, to be sent in a timely manner to trainee, and to family in terms of support.

Any issues pertaining to individual trainees and whether the training programme meets the identified needs of the trainee are highlighted to the person themselves and their family support person. This is also highlighted to the Area Services Manager and the HSE Guidance Officer.

3.3. Programme Monitoring and Review

THIS SECTION IS COVERED IN THE PROCEDURE BELOW UNDER SECTION 5.3.

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	NO.: TS003.03	REV: 1
SECTION 03: Programme Development, Review and Approval	PAGE: 1 of 6	
PREPARED BY:	DATE: *12/10/23*	
APPROVED BY:	DATE:	

1.   PURPOSE:

1.1   The purpose of this procedure is to document the process of programme design, approval, planning, delivery, monitoring and review.

2.   SCOPE:

2.1   This procedure is applicable to potential and current trainees.
2.2   This procedure is applicable to staff members.

3.   RESPONSIBILITY:
3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.
3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.
3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.
3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services; to provide academic oversight of programme design, approval, planning, delivery, monitoring and review.
3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.
3.6   **Manager** – To manage the process of programme design and elements as outlined above, resulting in effective programme delivery for St. Joseph's Training Services.
3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.
3.8   **Staff members:** To participate in the service planning process. This includes persons on Placement Schemes (e.g. CE, TUS).

4. REFERENCES: See Appendix A - Reference List

ST. JOSEPH'S TRAINING SERVICES			
TITLE: Programme Design, Approval, Planning and Delivery, Monitoring and Review	NO.:	TS003.03	REV: 1
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5. DETAILS OF PROCEDURE:

EXTRACT OF 5.4 SECTION AS FOLLOWS -

5.4   Programme monitoring and review:

Programme delivery is also monitored with individual trainees through individual training meetings. Group trainee meetings are also held with feedback requested regarding programmes. This feeds into the overall programme review processes.

Timetables are reviewed on a regular basis, particularly at times of significant change, e.g. start of new academic year. Changes are made to the timetables to accommodate individual needs, while maintaining the integrity of the programme outcomes.

Each individual trainee has an individual training plan with short term and long term goals which are reviewed periodically. This involves a 12 week initial assessment period, that can be extended in exceptional circumstances. Initial assessment and Baseline of training form is completed to document baseline skills, supports, goals and barriers. Following this review meetings are held regularly, at least every three months and a formal review yearly. Data regarding completion of goals is tracked in the individual training plans and centrally by the Manager.

Staff liaise with third party training providers (e.g. G.R.E.T.B) in terms of any feedback and areas for improvement and learning on a regular basis, which facilitates the smooth learning environment for trainees.

Overall, programme delivery is monitored in a number of ways, including through staff meetings, and planning/development meetings, and meetings of the Academic Council. Overall programme/development review occurs during planning meetings, and this includes discussion on feedback from trainees, staff, feedback from placements, any input from third parties (e.g. training providers), outcome results, certification records. The information from such reviews is collated and feeds into the overall programme development and delivery process, in terms of ensuring that the programme achieves the objectives set and responds to the needs of learners and changing needs of society. Programmes are adapted in line with such reviews, while maintaining the integrity of programmes and certification requirements. Records are maintained of such reviews.

St Joseph's Training Services Academic Council review developments as required from the perspective of academic governance.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of programme design, approval, delivery, planning and review
NEXT REVIEW DUE	10/2026	

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	O.P.A.R. NO.
0	11/11/2020	New procedure	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

SECTION 4 – STAFF RECRUITMENT MANAGEMENT AND DEVELOPMENT

ST. JOSEPH'S TRAINING SERVICES

TS006 - POLICY ON TEACHING, LEARNING AND DELIVERY OF TRAINING

St. Joseph's Training Services is committed to ensuring effective training is delivered to each trainee. St. Joseph's is committed to ensuring that such processes are in line with best practice and published regulations, standards and legislation. With equity and transparency applied consistently, across all locations and covering all areas of a person's training cycle. The outcome of effective delivery of training is that each trainee is provided with the optimum training experiences during their training cycle. The detail of this is found in the procedures below.

Staff members in St. Joseph's Training Services are recruited through Ability West's Human Resources Directorate, which includes policies and procedures on staff recruitment, management, training and development, with staff appropriately qualified and experienced and is fully detailed elsewhere in the QA System.

The processes involved in teaching, learning and delivery of training include: teaching and learning; having an ethos that promotes good learning experiences and outcomes; delivery of training in line with national and international effective practices. We are committed to the physical premises, equipment and facilities being regularly reviewed to ensure their continued adequacy and effectiveness.

St. Joseph's is committed to the quality of the learning experience being monitored on an on-going basis, including self-monitoring and improving the quality of teaching and learning and related services and supports. Information on this process is shared with the Academic Council for review as required.

We are committed to an open and inclusive learning environment that values critical reflection and fosters personal and professional development for both trainees and staff. The content of programmes reflects advances in the relevant area, incorporates national and international effective practice for both trainees and staff. St. Joseph's engages with the wider national and international community to enhance teaching and research.

St. Joseph's is committed to an ethos of mutual respect within the trainee-staff relationship, and ensuring that the learning environment is suitable and flexible to accommodate the diversity of trainees.

St. Joseph's is committed to ensuring that both the programme level and each programme's learning environment is appropriate and addresses:

- The many opportunities in which learning opportunities emerge
- Different learning environments
- Learning off campus, for example, work placements, external training
- Physical premises, equipment and facilities.

The ultimate aim of the training is for each trainee to develop their independence within their home and become an active citizen in their own community, and that the processes involved in teaching, learning and delivery of the training facilitates this.

This policy and procedures will be reviewed every three years, or more frequently if required.

Signed: _____ **Date:** ___12/10/23___
Manager

Approved by: _____ **Date:** _____
Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services=	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	**DATE:** 12/10/2023
	APPROVED BY:	**DATE:**
Rev. 2	**REVIEWED BY:**	**DATE:**

	APPROVED BY:		**DATE:**
	NEXT REVIEW DUE:		**DATE:** 05/2024

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002
2			

4.1 Staff Recruitment

ABILITY WEST HUMAN RESOURCES DIRECTORATE HAVE THE FOLLOWING POLICY AND PROCEDURE IN PLACE ON STAFF RECRUITMENT, AS REFERRED TO IN ABOVE POLICY.

POLICY ON

RECRUITMENT AND APPOINTMENT

Ability West is dedicated to enabling people we support to realise their goals in a person-centred and individualised manner. Our emphasis is on creating an environment that promotes advocacy and greater independence throughout services, with the spirit of will and preference to the forefront to all our activities. We also recognise that part of our role is promoting an environment that maximises safety, quality and accountability in our services.

We are committed to ensuring that our services are provided to a high standard, taking account of our legislative obligations in this area. In line with this, Ability West is committed to developing and maintaining a skilled workforce, capable of delivering high quality services. We achieve this by engaging in a thorough recruitment and selection regime. The purpose of this policy is to clearly set out the aims and objectives of Ability West in relation to recruitment and appointment of staff members. This is an ongoing process aimed at fulfilling organisational needs in line with its overall vision, mission statement and strategic plan for service delivery.

As part of our obligation to provide a quality service under the Health Act (2007) we endeavour to ensure that staff are recruited and appointed in line with best practice and legislative requirements.

In recognising the importance of recruiting suitably qualified staff to ensure provision of a quality service to all, we are committed to:

- Adhering to legislative requirements and best practice particularly in the area of equality and equal opportunities, including being cognisant of HSE/Department of Health regulations and guidelines.
- Adhering to applicable national standards and guidelines such as National Standards for Residential Services for Children and Adults with Disabilities (2013) and related Statutory Instruments.
- Following procedures that ensure a fair and transparent process of staff recruitment, selection and appointment, including Garda Vetting and reference checking.
- Promoting and supporting staff through the induction process and provision of adequate information through policies and procedures and the development of a staff manual.
- Use of efficient, cost-effective processes in line with best practice.
- Being open and accountable throughout all processes of recruitment and appointment.
- Continually reviewing processes in relation to selection and appointment to ensure we comply with best practice.
- New appointments and/or any changes to the staff team will be shared with the Academic Council
- It is vital that effective recruitment and appointment procedures are in place to attract high quality staff. All policies and procedures are available through the company intranet.

This policy applies to situations where reassignment was not deemed feasible.

Ability West complies with applicable national legislation, regulations, standards such as National Standards for Residential Services for Children and Adults 2013; related Statutory Regulations; Health, Safety and Welfare at Work Act 2005; Employment Equality Acts 1998 to 2015; and other relevant legislation, directives and regulations.

This specific policy and procedures will also be reviewed every three years in terms of the overall effectiveness of processes.

Signed: __**Audrey Pidgeon, Chief Executive**__

Approval Date: __**25/10/2022**__

Implementation Date: __**25/10/2022**__

VERSION HISTORY:

Rev. 0	PREPARED BY: Eileen Costello-Conneely, Advocacy, PCP and Quality Alison Flanagan, Assistant Director of Human Resources Adrian Harney, Director of Human Resources	DATE: 07/10/2009
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 30/11/2009
Rev. 1	REVIEWED BY: Alison Coleman (formerly Flanagan), Assistant Director of Human Resources Adrian Harney, Director of Human Resources	DATE: 27/01/2014

	APPROVED BY:	DATE:
	Breda Crehan-Roche, Chief Executive	24/02/2014
Rev. 2	REVIEWED BY:	DATE:
	Orla Murphy, Assistant Director of Human Resources	02/09/2016
	Sinead Donnellan, Director of Human Resources	
	APPROVED BY:	DATE:
	Breda Crehan-Roche, Chief Executive	26/09/2016
Rev. 3	REVIEWED BY:	DATE:
	Cathal Esler, Director of Human Resources	22/08/2019
	APPROVED BY:	
	Breda Crehan-Roche, Chief Executive	
Rev. 4	REVIEWED BY:	DATE:
	Clair Donnellan, Interim Director of Human Resources	13/09/2022
	APPROVED BY:	DATE:
	Audrey Pidgeon, Chief Executive	25/10/2022
	NEXT REVIEW DUE:	DATE:10/2025

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	CHANGE NO.
1	07/02/2014	See QARF No. 0215 for amendments	0215
2	02/09/2016	See QARF No 0288 for amendments	0288
3	22/08/2019	See QARF No 0415 for amendments	0415
4	13/09/2022	See QARF No 0592 for amendments	0592

PROCEDURE ON

RECRUITMENT AND

SELECTION

HUMAN RESOURCES PROCEDURE			
TITLE: **Recruitment and Selection**	**NO.:**	**HRD001.01**	**REV: 4**
SECTION 1: Recruitment and Appointment	**PAGE:**	**1 of 8**	
PREPARED BY: *Cristina Mendes*	**DATE:**	*04/05/2023*	

1. PURPOSE

1.1 The purpose of this procedure is to provide details on the recruitment and appointment process applied in Ability West. It clearly sets out Ability West's position with regard to specific tasks and timeframes for elements of recruitment and selection.

2. SCOPE

2.1 This procedure applies to staff of the Human Resources Directorate, other staff as identified and all potential employees of Ability West.

3. RESPONSIBILITY

3.1 **Board of Directors** – Responsibility for the ratification of all appointments across Ability West.

3.2 **Chief Executive/Senior Management Team** – Overall approval of the sanctioning of recruitment activity and for the remuneration approval in certain circumstances as described in this procedure.

3.3 **Director of Human Resources –** Overall management of Human Resources Directorate and the Recruitment and Selection process.

3.4 **Human Resources Directorate –** Monitoring and implementation of procedure.

3.5 All staff are responsible for complying with legislation, policies and procedures adhering to Recruitment and Selection.

3.6 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.

4. REFERENCES (including Policy area)

4.1 **Legislation**
Assisted Decision Making (Capacity) 2015 (Amendment) Act 2022
Data Protection Act 2018
Employment Equality Acts 1998 to 2015
Equal Status Acts (2000 - 2004)
Freedom of Information Acts (2014)
Health Act (1970), (2004), (2007)
Health and Safety at Work Act (2005)
Organisation of Working Time Act, 1997
Protection of Employees (Part-Time Work) Act, 2001

HSE Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedure
H.I.Q.A. National Quality Standards, including (but not limiting to):
     Safer Better Healthcare
     Residential Centres for Children and Adults with Disabilities
I.S. EN ISO 9001:2015
Safety, Health and Welfare at Work Act 2005
National Vetting Bureau (Children and Vulnerable Persons) Act 2012-2016

4.2   Other Policy Framework

Ability West – Dignity, Respect and Equality in the Workplace
Ability West – Recruitment and Selection Policy
Ability West - Work Life Balance Policy
Ability West – Vision and Mission Statement
Ability West – Strategic Plan
Ability West – Complaints Procedures
Ability West – Records Management

4.3   Other References/Records

Memos and Directives from Human Resource Directorate in relation to this area.

5.   DETAIL OF PROCEDURE

Summary of Recruitment and Selection procedure

5.1   Recruitment Requisition

The recruitment and selection process begins with a vacancy/post to be filled, the establishment of which must be approved by the Senior Management Team in conjunction with the Chief Executive following consultation with the Line Manager/Assistant Director of Client Services /Director of Client Services in instances where reassignment is not feasible. This can be either a new position or an existing vacant post.

HUMAN RESOURCES PROCEDURE			
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5.   DETAIL OF PROCEDURE (Contd.)

Summary of Recruitment and Selection procedure (Contd.):

The filling of all posts is subject to the sanction of the Senior Management Team and by the Board of Directors ratification. The Director of Human Resources, where appropriate, will bring the matter for consideration and approval to the Chief Executive for final approval, in conjunction with the Senior Management Team.

Some posts may be filled by headhunting processes or through agencies and such instances will be sanctioned by the Director of Human Resources and Chief Executive as appropriate.

Short term vacancies, e.g. maternity leave/leave of absence/career breaks etc. may be filled internally from a relief panel if necessary.

In order to formalise the recruitment process, the relevant Directorate must submit a completed *"Recruitment Request Form"* to the Human Resources Directorate at the earliest opportunity.

5.1.1 Job Analysis

When the vacancy arises the Line Manager/Assistant Director of relevant Directorate must review the vacant post and ensure that the job best meets people we support needs; takes into consideration any future developments as well as ensuring replacing the post is within the agreed budget.

The educational and/or qualifications criteria for the post must be established, along with any other shortlisting criteria such as holding a full driver's license or professional memberships which may be deemed desirable.

5.1.2 Job Description

Job description for each post should be approved by the Director of Human Resources following consultation with the Assistant Director of the relevant Directorate.

5.1.3 Competitions

Upon receipt of the completed *"Recruitment Request Form"*, a competition is set up for each new post under Core Personnel and allocated a competition number, e.g. E0120 (E External 01 First post 20 Year 2020), or I0220 (I Internal 02 Second Post 20 Year 2020).

Competitions which are advertised externally are referred to as "Open" competitions and those advertised internally are "Confined" competitions.

5.2 Sourcing and Advertising

A decision is taken by the Director of Human Resources to advertise for the vacant post(s), new post/s arising from additional funding/resignations etc. and the decision to advertise is communicated by the Director of Human Resources to the HR Directorate. The decision as to what media and platforms should be used in the advertisement of the post is decided by the Director of Human Resources. HR are responsible for the placement of all recruitment advertising. The Director of Human Resources will also decide whether the post is to be advertised internally, externally or both.

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5. DETAIL OF PROCEDURE (Contd.)

Summary of Recruitment and Selection procedure (Contd.):

All open recruitment competitions are advertised on the intranet, company website and where appropriate on selected social media platforms.

A draft advertisement is drawn up, putting in the relevant information for approval by the Director of Human Resources. Advertisements should direct applicants to our website, where job descriptions and application forms are available. Proof and costing of all advertisements placed should be approved by the Director of Human Resources prior to the advertisement being finalised with the publication.

Deadline for publishing by the various papers/periodicals/radio should be taken into consideration when setting closing date.

Confined competitions are advertised internally only.

5.3 Applications

Requests for application forms/ CVs are dealt with by the Human Resources Directorate. The application form were applicable may also be downloaded from our website, along with the relevant job description.

On receipt of application forms/CVs, all are date stamped and placed in the competition file for shortlisting once the closing date lapses. All applications are logged on Core Personnel and assigned to the relevant competition.

It is important to ensure that applicants have provided us with the required number of referees, i.e. a minimum of three (3). References, where possible, must be from the applicant's most recent employment. In the cases whereby this is not possible, the HR Directorate will liaise with the candidate to ascertain the most appropriate references.

If the application form is late, date stamp and note same on outside of application form and initial. This is also recorded on Core.

5.4 Screening / Shortlisting

Once the closing date for the competition has passed, a file containing the applications of candidates that are considered suitable for shortlisting (based on criteria as determined in the job description) is prepared by HR for the relevant Directorate.

Any alterations to the proposed shortlisting criteria as a result of large numbers of applicants, should be approved by the Director of Human Resources, clearly recorded as part of the shortlisting process and returned to the HR Directorate. Shortlisting criteria must be followed consistently throughout the process.

Following shortlisting by the relevant Directorate, the file is returned to HR Directorate who process all applications accordingly.

Shortlisted applicants are contacted by HR and invited to interview. Those applicants deemed unsuccessful (not shortlisted) are advised in writing.

5. DETAIL OF PROCEDURE (Contd.)

Summary of Recruitment and Selection procedure (Contd.):

5.5 Prior to Interviews

The members of interview panels are confirmed, including external members if required, and a decision on panel chairperson made. Details of the venue, date and time to be allocated to each candidate,

along with details for interview panel members, must be provided to the HR Directorate on return of the shortlisted candidates.

All correspondence is then issued by the HR Directorate to all candidates. Candidates who have been shortlisted may either be contacted verbally initially to ascertain availability for an interview date and this is then followed up by written correspondence (letter or email).

Copies of the interview proforma are issued to all panel members for review/comment, ensuring it contains suitable and appropriate interview questions.

HR prepare interview packs for the panel members ensuring that panel members have a copy of all shortlisted applications, interview proforma, interview schedule, results sheet as well as copies of job descriptions, and any other relevant information including advice on employment equality obligations. This information is forwarded to panel members at least 1 week before the interview where possible, but no later than 3 days before the interview date.

5.6   **Interviews**

Multiple rounds of interviews may be required, depending on the post being recruited for. Every interview must follow the following format:

The Chairperson of the interview panel should:

- Welcome each candidate and thank them for attending the interview.
- Explain the purpose of the interview.
- Outline the structure of the interview, duration of the interview, introduce panel members and advise that an opportunity to ask questions will be provided at the end of the interview.
- Advise the candidate that the panel will be taking notes.
- Ensure all interview proformas are completed and signed by all members of the interview panel following interviews.
- Consideration must be afforded to all of the panel's points.
- Review any gap in employment history and note same on interview proforma sheet.
- Ensure that the results sheet is completed.
- Ensure that the interview board meets its employment equality obligations.

There are 3 possible outcomes following interview:

- Appoint to the position.
- Reserve/Relief (suitable for appointment/suitable for panel).
- Unsuccessful.

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5.   DETAIL OF PROCEDURE (Contd.)

Summary of Recruitment and Selection procedure (Contd.):

The results sheet must be signed by all members of the interview panel and returned with all documentation to the HR Directorate, immediately following interview or at least within one day of the interviews ceasing

5.7   **Selection and Feedback**

All paperwork is processed within 2 weeks of receipt of the interview results i.e. unsuccessful/panel appointees etc.

Unsuccessful candidates are contacted by HR via the issuing of letters of regret or relief panel letters (as appropriate).   The applications of unsuccessful internal candidates are filed in their Ability West personnel file. The applications of unsuccessful external candidates are filed in the competition file, as per our Records Management Policy and Procedure.

A new personnel file is created for the successful candidate, or in the case of an existing Ability West employee their existing personnel file is updated.

5.8   Offer of Employment

Successful candidate(s) are offered the position(s) in writing. The manager from the relevant Directorate may wish to make an initial verbal offer to the candidate, in advance of sending the written offer.

The following documentation is requested by the HR Directorate prior to the commencement of the successful candidate(s):

- Declaration Form
- Hepatitis B/Disclaimer Form
- Pension Booklet
- NFVSP Salary Protection Scheme form
- Satisfactory Pre-Employment medical (or completed self-declaration medical form, where appropriate)
- 3 satisfactory written reference requests including candidate's last line manager
- Photo ID (in colour)
- Sight of original copies of qualifications
- Copy of the Employee Assistance Programme (EAP) Booklet
- Copy of driver's licence, insurance/proof of access to car
- Garda National Bureau Card (GNIB card) – if appropriate
- Contact details: personal e-mail address and phone number

On receipt of the documentation above, a contract is issued by the Director of Human Resources to the successful candidate(s), along with a copy of the job description. Two copies of are forwarded for signing to the candidate, with a request that one signed copy is returned to the HR Directorate for filing in their personnel file. The successful candidate should retain the other copy for their records.

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5.   DETAIL OF PROCEDURE (Contd.)

Summary of Recruitment and Selection procedure (Contd.):

5.8.1 Garda Vetting

The HR Directorate will submit an application to the Garda Vetting Unit through their e-vetting system if the applicant is successful in obtaining a position or being placed on a relief panel. The Garda Vetting Unit will contact the applicants directly by email which will contain a link to a form on the e-vetting system that the applicant must complete and submit.

The Human Resources Directorate shall not permit any person to undertake relevant work or activities unless the organisation receives a vetting disclosure from the National Vetting Bureau in respect of that person. Garda vetting are valid for a period of three years and must be renewed thereafter.

All pre-employment documentation must be completed before the appointee commences employment.

On the employee's first day of work in a centre, the Line Manager/Service Manager must ensure that a *"New Staff Employment"* form is completed and returned to the HR Directorate. This is required in order to set up the employee on the Core system.

5.9 Appeals to Decisions

Any decisions reached by the Human Resources Directorate, with which the staff member is not entirely satisfied, can be appealed by the staff member through the grievance procedure as outlined in our Dignity Respect and Equality in the Workplace Policy.

5.10 Pay Scale for New Employees

All new employees must be placed on Point 1 of the relevant Pay Scale for the position for which they have been selected. Ability West's pay scales are maintained and issued by the Finance Directorate.

A new employee may be placed on a higher point than Point 1 of the relevant scale by the Director of Human Resources, provided that the decision is supported by evidence of salary and comparable experiential evidence from another/a former employer (in the sector), in the role in which the new employee is due to occupy at Ability West. In such cases the starting point on scale to be awarded will be equivalent to that earned in a similar role with another employer. Where the point on scale to be awarded in such circumstances is higher than the mid-point of the pay scale in question, Chief Executive or Senior Management Team approval must be received by the Director of Human Resources before proceeding to issue contract stage.

5.11 Records Management

The Ability West HR Directorate has in place a records management procedure in place which includes all records pertaining to the recruitment and selection process.

Ability West, and as such the Human Resources Directorate, complies with the Data Protection Act 2018 and Freedom of Information Act (2014) and there are procedures in place for their application in the organisation.

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6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Human Resources Directorate	Every three years	Review for any improvements in the overall process for recruitment and allocation and for compliance with any legislative changes or obligations.

NEXT REVIEW DUE:	04/2026	

7. REVISION HISTORY:

REVISION NO	DATE	DESCRIPTION OF CHANGE	NO.
1	07/02/2014	Amendments as per QARF No. 0215	0215
2	02/09/2016	See QARF No. 0288	0288
3	07/05/2020	Amendments as per QARF No. 0462	0462
4	21/02/2023	See QARF No 0628 for amendments	0628

EXTRACT FROM PROCEDURE – TEACHING, LEARNING AND DELIVERY OF TRAINING WITH SECTION ON STAFF RECRUITMENT, MANAGEMENT, TRAINING AND DEVELOPMENT AND COMMUNICATION, OUTLINED BELOW.

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Teaching, Learning and Delivery of Training	**NO.:** TS006.01	**REV: 1**
SECTION 06: Teaching, Learning and Delivery	**PAGE:** 1 of 6	
PREPARED BY:	**DATE:** *12/10/23*	
APPROVED BY:	**DATE:**	

1. **PURPOSE:**

1.1 The purpose of this procedure is to outline the processes involved in teaching, learning and delivery of training to trainees.

2. **SCOPE:**

2.1 This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

3. **RESPONSIBILITY:**

3.1 **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2 **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3 **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services

3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.

ST. JOSEPH'S TRAINING SERVICES			
TITLE: Teaching, Learning and Delivery of Training	NO.:	TS006.01	REV: 1
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3.6 **Manager** – To ensure the processes involved in the training cycle for each trainee are effectively implemented.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To comply with these processes.

4. REFERENCES:

See Appendix A - Reference List

5. DETAILS OF PROCEDURE:

As outlined in the Procedure on Programme Design, Approval, Planning and Delivering, Monitoring and Review - Responsibility for overall training delivery rests with Manager of St. Joseph's Training Services, who visits all locations of training, in terms of oversight. Staff meetings are held on a regular basis for each location, and additionally planning days are held to incorporate all locations together. The Academic Council also review this process. This serves to ensure that programmes are delivered in line with the Training Programme Specification and any external accreditation requirements are incorporated. Consistency in programme delivery is discussed along with programme planning in each location. Records are maintained of such planning meetings.

Each location is provided with a copy of the RT Training Programme Specification and follow this in relation to training. Each location is provided with a copy of individual programmes and follow same. Each location is provided with a copy of the Statement of Purpose and follow same.

Each trainer maintains lesson plans in conjunction with the Training Programme Specification, and in line with best practice, relating back to internal and external accreditation requirements. Additionally, timetables displayed in pictorial format reflect the training areas within the centre. Each individual trainee has their own timetable.

The processes involved in teaching, learning and delivery of training in line with the RT Training Programme Specification is outlined in detail below, under the following sections:

5.1 Staff recruitment, management, training and development
5.2 ~~Teaching and learning~~
5.3 ~~Having an ethos that promotes good learning experiences and outcomes~~
5.4 ~~Delivery of training in line with national and international best practice~~

~~5.5 Learning environments that promote effective learning~~
~~5.6 Health and Safety~~

5.1 Staff recruitment, management, training and development, and communication:

Staff members are recruited through Ability West's Human Resources Directorate. This includes the following:

- **Recruitment and Selection** - Suitably qualified persons are recruited to the staff team for St. Joseph's Training Services, and this is undertaken through Ability West's recruitment processes which are outlined earlier in QA System. Staff members are recruited on the basis of requirements for this service, as indicated in the Training Programme Specification under 'Trainer Profile', this is the case for contracted and relief staff.
- **Management** - performance appraisal system for St. Joseph's Training Services in line with Ability West's policy and procedures.
- **Training and development** - training opportunities are offered to staff members in line with Ability West's training and development policy and procedures; this includes mandatory training and other relevant training as identified. Training feedback and resources are shared with staff team.
- **Communication**: Staff communication occurs in a number of way, including through staff meetings, planning meetings and daily interactions. The views of staff are ascertained through self-monitoring and self-evaluation processes, as outlined in the procedure for these areas.
- **General staffing and Human Resources** – Ability West have comprehensive policies and procedures for Human Resources, and these are followed by St. Joseph's Training Services.

ABILITY WEST HUMAN RESOURCES DIRECTORATE HAVE THE FOLLOWING POLICY ON STAFF TRAINING AND DEVELOPMENT; AND PROCEDURES ON STAFF TRAINING AND DEVELOPMENT AND STAFF DEVELOPMENT AND SUPPORT PROCESS.

POLICY ON
STAFF TRAINING AND DEVELOPMENT

Ability West is dedicated to enabling people we support to realise their goals in a person centered and individualised manner. Our emphasis is on creating an environment that promotes advocacy and greater independence throughout services, with the will and preference of people to the forefront to all our activities. We also recognise that part of our role is promoting an environment that maximises safety, quality and accountability in our services.

We are committed to ensuring that our services are provided to a high standard, taking account of our legislative obligations in this area. In line with this, Ability West has developed this policy with associated procedures and reference to relevant guidelines in line with best practice. In relation to the implementation of this policy, Ability West complies with applicable national legislation, standards, directives and regulations such as National Standards, Equality and Employment Legislation, Related Statutory Regulations, Health, Safety and Welfare at Work Act 2005 and other relevant legislation, directives and regulations.

The purpose of this policy is to clearly set out the aims and objectives of Ability West in relation to the training and development of staff. Training and development is an ongoing process aimed at fulfilling organizational needs in line with Ability West's overall vision and strategic plan.

Ability West promotes and encourages staff to develop their skills and experience for the benefit of the people we support, the organisation, and staff members' own professional development. This will also facilitate the sharing of skills, knowledge and learning to enhance the overall service provision.

As part of our obligation to provide a quality service under the Health Act (2004), (2007) and applicable legislation, regulations and standards, Ability West endeavours to ensure that staff members are provided with the necessary training to undertake their roles and responsibilities effectively.

Ability West is committed to:

- Taking a proactive approach in terms of identifying service user focused training needs.
- Ensuring that staff have access to appropriate training and development.
- Ensuring that staff have access to appropriate training with regard to mandatory and

legislative areas as detailed in the procedures (e.g. Health and Safety, etc.)

- Identifying and agreeing the staff member's individual training needs through the performance management process, and the needs of the people we support group in individual services

- Nurture continuous collective development of staff, which will benefit service provision and the staff member.

- Provide support for staff who wish to pursue further relevant educational opportunities while working for the organisation, in so far as possible.

- Promoting a range of different forms of training and development, e.g. in-house, external, e-learning, distance learning, coaching and mentoring.

- Fostering close links with other organisations and agencies for the furtherance of training and development opportunities.

- Continually evaluate and monitor the effectiveness of training provided and the subsequent transfer of learning into the services.

Detailed procedures have been developed for staff training in line with this policy.

The following detailed procedures have been developed for staff training in line with this policy

In order to fulfill its commitment to staff training and development, Ability West will develop training plans, in line with the prioritised needs of the organisation and approved annual budgets and available resources.

This policy will also be reviewed every three years or as may be required under legislative purpose.

Signed: __**Audrey Pidgeon**__

Approval Date: __**24/06/2023**__

Implementation Date: __**24/09/2023**__

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Service Quality Manager Alison Flanagan, Assistant Director of Human Resources Adrian Harney, Director of Human Resources Tess McGough, Representative from Partnership Committee	**DATE:** 07/10/2009
	APPROVED BY: Breda Crehan-Roche, Chief Executive	**DATE:** 31/11/2009
Rev. 1	**REVIEWED BY:** Alison Coleman (formerly Flanagan), Assistant Director of Human Resources Adrian Harney, Director of Human Resources	**DATE:** 10/02/2014

	APPROVED BY:	DATE
	Breda Crehan-Roche, Chief Executive	31/03/2014
Rev. 2	REVIEWED BY: Orla Murphy, Assistant Director of Human Resources Enda Maloney, Director of Human Resources	DATE: 30/06/2017
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE 24/07/2017
Rev. 3	REVIEWED BY: Cathal Esler, Director of Human Resources	DATE: 07/05/2020
	APPROVED BY: Audrey Pidgeon, Interim Chief Executive	DATE 09/06/2020
Rev. 4	REVIEWED BY: Cristina Mendes, Director of Human Resources	DATE: 28/04/2023
	APPROVED BY: Audrey Pidgeon, Chief Executive	DATE:
	NEXT REVIEW DUE:	DATE: 062026

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	CHANGE NO.
1	20/02/2014	See QARF No. 215 for amendments.	220
2	30/06/2016	See QARF No. 317	317
3	30/04/2020	See QARF NO. 463, 3 year review	463

HUMAN RESOURCES PROCEDURE			
TITLE: Staff Training and Development	**NO.:** HRD004.01		**REV: 11**
SECTION 4: Staff Training and Development	**PAGE:** 1 of 11		
PREPARED BY: Cristina Mendes	**DATE:** 14/09/2023		
APPROVED BY: Audrey Pidgeon	**DATE:** 14/09/2023		

PROCEDURE:

STAFF TRAINING

AND DEVELOPMENT

1.   PURPOSE:

1.1   The purpose of this procedure is to outline the processes and responsibilities involved in relation to training and development for Ability West employees.

2.   SCOPE:

2.1   This procedure is applicable to all Ability West employees, volunteers, students on placements and people availing of government schemes such as Community Employment, TÚS etc. It applies to the following categories of training and development:

2.1.1 Mandatory Training
Training identified as being required to complete as part of employment with Ability West.

2.1.2 Discrete to Centre/Department Training
Centre/department-led training, discrete to that centre/department. In the case of certain teams/centres, some of this training will be essential and every effort will be made to provide this training within a reasonable timeframe.

2.1.3 General Discretionary Training
Training identified as being of benefit to centres and employee development, but not essential to the centre. Generally viewed as interventions to enhance the service.

2.1.4 Continuous Professional Development (CPD)
CPD is a process by which you manage your own professional knowledge and skills on an ongoing basis. CPD gives you the opportunity to record, review and reflect on your learning. It is essential for continued employment and advancement. A large number of

2. **SCOPE (Contd):**

online courses are available through the HSE's learning and development portal HSELanD https://www.hseland.ie. There is no cost to staff who may wish to complete any of the courses on this site. Employees wishing to attain/retain professional registration may do so e.g. Nursing and Midwifery Board of Ireland (NMBI), CORU etc. All costs associated with same will be incurred by the employee.

3. **RESPONSIBIILTIES:**

3.1 **Chief Executive** – Overall responsibility to ensure that effective policies and procedures are in place with regard to training and development. The chief executive delegates responsibility for training and development for all employees inclusive of both mandatory and discretionary/CPD training where budgets allow, to the Director of Human Resources.

3.2 **Directors of Finance, Human Resources and Client Services** – Ensure that processes are in place to support the training and development process with employees. Provide final approval for training budgets and of all training requests other than mandatory training, as delegated by the Chief Executive. Ensure that all training requests outside of mandatory training that incur a financial cost are submitted to the Senior Management Team fora for final approval of the Chief Executive. Requests for training that do not incur a financial cost can be approved by the Director of Human Resources.

3.3 **Area Service Managers, Human Resources & Finance, and Heads of Department** – Oversee the overall training and development processes for employees in line with training plans. Ensure appropriate supports and structures are in place so that employees are effectively trained in accordance with the organisational plan.

3.4 **Line Managers** – Manage the process of the training and development procedure with employees. Convey the training needs and interests of their employees, and themselves to the Area Services Manager/Training Coordinator for consideration. The Line Manager is responsible for ensuring that employees meet mandatory requirements in relation to training and to code time on training accordingly on CORE.

3.5 **Staff Members** – Staff members are to familiarise themselves with this procedure, related policies, procedures and associated guidelines. Staff members are responsible for meeting mandatory requirements in relation to their training and complying with these procedures and attendance at training, once places have been assigned. Staff members are responsible for applying for training hours on Core Portal.

3.6 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services

3.7   In-house trainers – To provide training in line with procedures, review training output and propose changes to training programmes as required.

3.8   Training Co-ordinator – To administer the overall processes involved in the training and development procedure, including the production of an annual training plan.

4.   REFERENCES (including Policy area):
4.1   Legislation
Assisted Decision Making (Capacity) Act 2015 Amendment Act 2022
Child Care Act (1991)
Data Protection Act 2018
Disability Act (2005)
Education Act (1998) and Education (Welfare) Act (2000).
Education for Persons with Special Education Needs Act (2004) (EPSEN)
Employment Equality Acts (1998-2015)
Equal Status Acts (2000 - 2004)
Freedom of Information Acts 2014
Health Act (1970), (2004), (2007)
Health Act 2004 (Complaints) Regulations
Health & Social Care Professionals Act 2005 and (Amendment) Act 2017
Health Act 2007 (Care and Support of Residents in Designated Centres for persons [Children and Adults] with Disabilities) Regulations S.I. No. 367 of 2013
Health Act 2007 (Registration of Designated Centres for Persons [Children and Adults] with Disabilities S.I. No. 366 of 2013
H.I.Q.A. National Quality Standards, including (but not limiting to): Safer
Better Healthcare (2012)
Residential Centres for Children and Adults with Disabilities (2013)

I.S. EN ISO 9001:2015
New Directions Review of HSE Day Services and Implementation Plan 2012 – 2016
Regulations for Residential Centres for Children and Adults with Disabilities Children's First Guidelines
Report of the Value for Money and Policy Review for Disability Services in Ireland 2012, Department of Health
Safety, Health and Welfare at Work Act (2005) (2010) and related Regulations

Other Policy Framework

Ability West – Vision Statement
Ability West – Strategic Plan
Ability West – Quality Manual

Ability West – Performance Management Process
Ability West – Staff Support and Development Meetings
Ability West – Applications for Assistance – External Courses
Ability West - Safety Statement
Ability West – Records Management Policy and Procedures
Ability West – Ethics in Research Policy and Procedures

Other References/Records

NSAI Excellence Through People ETP 1000:2017
Relevant forms and documentation as detailed in the training procedure
Request to Attend Internal Training Course/Seminar Form
Request to Attend External Training Course/Seminar Form
Feedback on Training Course/Seminar Records
Staff Training Records
Payment Request Records
Reimbursement of Expenses/Allowances Records
Staff Development and Support Process
Overall training plans Training Calendar
Internal Intranet - specific section on Training Core HR and Core Portal
Employee Training Passport
Training Attendance Records

5. DETAIL OF PROCEDURE:

5.1 INTRODUCTION

In line with our policy for training and development, the following procedures outline the processes involved for the co-ordination and management of this under the categories of training and development as identified in para 2.

5.1.1 Many training needs can be met by attendance at external courses/seminars. However at times this can be more appropriately met by specially arranged internal courses.

5.1.2 All employees have much to offer to internal training. Many employees have developed specific areas of interest or expertise, which could be shared with colleagues in other department units/services throughout the organisation.

5.1.3 All employees have a role to play in sharing information, within their own departments and to other employees throughout the organisation.

5. DETAILS OF PROCEDURE (Contd.):

5.1.4 Training will comprise of internal, external and on-line training.

5.1.5 Requests must be submitted 4 weeks in advance, or earlier if possible for courses requiring significant financial outlay, thus giving the Senior Management Team (SMT) time to consider the request.

5.2 TRAINING PLAN

A training plan will be developed and presented for approval for each year. Additional training can be identified from other sources such as the quality management system, performance management process, as well as regulatory and legislative requirements.

5.3 TRAINING NEEDS IDENTIFICATION

All employees will be given an opportunity to discuss their training needs through the performance management process with their line manager on a regular basis. This will provide them with an opportunity of expressing interest in a particular area of work, subject to relevance to services, so that appropriate training can be availed of once resources are available and approved.

It is the responsibility of each line manager to convey the training needs and interests of their team to their own line manager for consideration. This is then relayed to the Training Co-ordinator.

The HR Directorate will identify employee training needs on the basis of information submitted by the line manager, trainers and the Senior Management Team. This will be completed in the last quarter annually for the following year.

5.4 BUDGET APPROVAL FOR TRAINING PLAN

The identified needs are assimilated into the annual budgeting process. Once the budget is agreed and approved the training plan will be finalised and training courses/dates will be notified with the training calendar published on the staff intranet.

5.5 NOTIFICATION OF COURSES

5.5.1 Mandatory Training – Details will be made available, in line with the approved annual training plan including dates and locations (if available), on the staff intranet.

5.5.2 Essential Training to an Individual Service - Details will be made available, in line with the approved annual training plan including dates and locations (if available), on the staff intranet. From time to time other training courses deemed essential to an individual service arise and these will be considered as part of the overall training plan.

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5. DETAILS OF PROCEDURE (Contd.):

In such circumstances applications will be sought from relevant employees and HR will liaise with appropriate line managers.

5.5.3 General Discretionary Training - Any notifications of seminars, conferences or external courses should be directed to the Director of Human Resources for approval by the SMT. A minimum of 4 weeks' notice must be given.

5.5.4 Employees should not depend exclusively upon this system to learn about courses which will be of interest to them. They should take steps to consult relevant sources, e.g. journals, newspapers or colleagues, to keep abreast of forthcoming courses/seminars/programmes of further training.

5.6 ASSIGNMENT OF PLACES FOR TRAINING

5.6.2 Mandatory – The Human Resources Directorate will furnish line managers with details of upcoming training for the coming year or as courses are scheduled on the intranet, in so far as is possible. Line Managers will consult with employees and assign relevant courses, taking into consideration service needs. In some instances the Training Co-ordinator may assign places to employees.

Once an employee is assigned to a course they must attend. This training request must be logged on Core Portal by the employee. In instances where an employee's mandatory training has lapsed they will not be allowed to work until the training (e.g. Studio III) is completed and will not be paid for any hours that they were rostered to work in the intervening time. Employees may incur costs if additional training has to be arranged for them. Instances of lapses in training will be subject to performance management.

5.6.3 Essential Training to an Individual Service – The line manager advises the Human Resources Directorate of any training requirements specific to the centre or department, for approval by the Director of Human Resources. The Area Services Manager may be consulted as required. Once an employee is assigned to a course they must attend. This training request must be logged on Core Portal by the employee.

5.6.3 General Discretionary Training – The employee completes the 'Request for External Training Course' form and forwards it to their line manager for approval. If the line manager does not approve the training request, it should be discussed with the employee in question to ensure they understand the reason for this. Following approval by the line manager, it should then be passed to the Director of Human Resources who will present to SMT for final consideration/approval. Each training request must be

5. **DETAILS OF PROCEDURE (Contd.):**

submitted to SMT a minimum of 4 weeks in advance of the proposed training date to facilitate this process.

The Training Co-ordinator, Director of Human Resources or Client Services, informs the employee and their line manager that they have been successful in their application and have been assigned a place accordingly. In certain circumstances the employee may be requested to book the course themselves following approval. This training request must be logged on Core Portal by individual employees, which must be signed off by their line manager on Core.

Where a training application request is not approved by SMT, the employee is informed of the decision on their application.

Fees and expenses for approved external training will be recouped by the organisation should the employee leave within a specified time period.

5.7 FEEDBACK FROM TRAINING

5.7.1 Feedback and evaluation

On completion of the course, employees are required to complete an evaluation form. The trainer is responsible for ensuring that the evaluation form is return/completed to the Training Co-ordinator. In addition to this, staff training history is updated accordingly. It is the line manager's responsibility to ensure that records held in the centre are current and relevant and are also accessible on Core HR. Employees are required to update their 'Training Matrix' accordingly. The Training Co-ordinator regularly reviews feedback from training courses.

5.7.2 Post-training transfer and sharing of knowledge

Following training, employees are expected to discuss learnings through team/department meetings to ensure knowledge is shared and transferred. If there are specific areas relevant to a number of individuals/centres, employees are expected to pass on the learning to individual centres.

5.7.3 Feedback to in-house trainers

Where appropriate feedback will also be provided to in-house trainers by the Training Co-ordinator.

5.8 CLAIM FOR REIMBURSEMENT OF EXPENSES

Where applicable, on completion of the course the employee shall complete a "Claim for Reimbursement of Expenses/Allowance" Form in the normal manner as per Finance/Accounts Procedures.

5. DETAILS OF PROCEDURE (Contd.):

The Finance Department provide the Training Co-ordinator with details of expenses being claimed by an employee as a result of a training course/seminar, etc. These details will be checked against the original "Request to Attend Training" and attendance sheets in the case of mandatory training to verify that the expenditure is in accordance with the approval. Details will be signed off by HR Directorate and returned to the Finance Department once all costs/expenses have been verified. This is normally completed on a monthly basis.

5.8.1 Recouping of training fees and travel/accommodation expenses

Commitment to remain in employment with Ability West for a minimum of 3 years post training is a standard requirement for applications for under General Discretionary Training. In the event of a staff member who has received funding for such external training, a refund of fees and all associated expenses will be required as follows:

- Resign within 1 year – 75% of the fees will be due to be refunded
- Resign within 2 years – 50% of the fees will be due to be refunded
- Resign within 3 years – 25% of the fees will be due to be refunded

This information is contained in the associated application form.

5.9 EXPENSES ALLOWANCES FOR STAFF TRAINING

5.9.1 Travel allowances for training

Mileage allowance is 0.125c per KM for travel to/from training events. This allowance is subject to regular review by Senior Management Team. Where public transport is available for events out of the region the cost of public transport or petrol will be covered.

It is expected that every attempt is made to economise on travel costs, e.g. car-pooling, use of company vehicles. Any relevant reasonable travel receipts must be submitted to the Finance Directorate, e.g. train/bus tickets, toll receipts.

Any arrangements outside of these should be submitted on the 'Request for Training Form' and approved by the Director of Human Resources prior to incurring such costs.

5.9.2 Accommodation

Any accommodation expenses must be approved by the Chief Executive and/or the Director of Human Resources before the training event. Receipts are required for all overnight stays and these are processed in the normal manner as detailed under 'Claim for Reimbursements of Expenses'.

5. DETAILS OF PROCEDURE (Contd.):

5.9.3 Meals

In general, lunches are not provided at training events. Subsistence can only be claimed in exceptional circumstances on a vouched basis, when additional expenses are incurred and approved prior to training and if no meals are supplied on the training course. Receipts must be submitted in the normal manner as detailed under 'Claim for Reimbursements of Expenses'.

5.10 ALLOCATION OF HOURS TO TRAINING

The hours of attendance at a training event will be counted as working hours for all employees and will not exceed 7.8 hours in the case of 39 hour/week and 7.4 hours in the case of 37 hour/week.

This means that for *salary* purposes -

(a) The number of hours in any one course day will be a maximum of 7.8/7.4 hours, or the normal hours worked for that contract, whichever is less.

(b) For employees with contracted hours, the length of the course will count towards their hours for that week, subject to (a) above.

(c) Employees on reduced hours contracts can claim for the total hours included in the course up to the maximum described in (a) above.

(d) Relief panel employees will be paid for the number of hours duration of the course up to the maximum described in (a) above.

(e) Time taken to travel from normal location can be added to the duration of the training event up to the maximum number of hours described in (a) above.

(f) Where the duration of the training is less than rostered hours on the day the person will be expected to return to work and complete their normal working day, subject to (a) and (e) above.

(g) Employees who would have been rostered to work in excess of 7.8 hours on the day of the training event should have their rota adjusted so that the shortfall in hours can be accounted for at a future date.

(h) Lunch break does not count towards working time on training day/event.

Time-in-lieu is generally not granted in respect of evening or weekend courses or conferences, even though expenses may have been approved. However, employees may apply for time in lieu on an exceptional basis if circumstances so warrant. This request should be made to appropriate line manager and processed for approval by the Director of Human Resources prior to the training event occurring.

5. DETAILS OF PROCEDURE (Contd.):

5.11 REPLACEMENT OF EMPLOYEES ATTENDING TRAINING

The replacement of an employee who is attending a course considerably increases the cost of that course. Ability West does not normally replace employees who are released for training. While this can cause challenges for the centre involved, it does result in a greater number of employees being approved to attend courses.

There may be circumstances, in exceptional situations, whereby some replacement may be required to sustain the service and this will be requested by the line manager and approved by the Assistant Director of Client Services, subject to approval by the Director of Human Resources and budgetary considerations.

5.12 POSTGRADUATE TRAINING

It is in the organisation's interest to encourage its employees to develop their formal qualifications and to undergo further training, including postgraduate level undertakings. Where employees are considering same, a discussion with their lane manager at the earliest opportunity is recommended.

5.13 ONGOING MONITORING OF TRAINING

The Training Co-ordinator will produce management reports on a monthly basis.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Director of Human Resources	Every three years	Review by Director of Human Resources Review operation of procedure with in-house trainers and Assistant Directors
NEXT REVIEW DUE:		05/2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	NO.
1	08.03.94	IS/ISO9001/EN29001(4.1) Typographical Error 5.1.3	0025
2	12.04.95	Include Induction Training	0047
3	22.05.96	See Amendment Q.A.R.F. NO. 0063	0063
4	26.10.99	See Amendment Q.A.R.F. NO. 0098	0098
5	17.09.09	See Amendment Q.A.R.F. No. 0133	0133
6	25.09.10	See Amendment Q.A.R.F. No. 0146	0146
7	10.07.13	See Amendment Q.A.R.F. NO. 0196	0196
8	24.07.14	See Amendment Q.A.R.F. NO. 0220	0220
9	31.01.18	See Amendment Q.A.R.F. No. 0348	0348
10	17.05.21	See Amendment Q.A.R.F. No. 0506, 3 year review	0506
11	28.04.23	See Amendment Q.A.R.F. No. 0644	0644

PROCEDURE:

STAFF DEVELOPMENT

AND SUPPORT PROCESS

HUMAN RESOURCES PROCEDURE			
TITLE: Staff Development and Support Process	**NO.:** HRD004.04		**REV: 4**
SECTION 4: Staff Training and Development	**PAGE:** 1 of 3		
PREPARED BY: CATHAL ESLER	**DATE:** *10/09/2021*		
APPROVED BY: AUDREY PIDGEON	**DATE:** *14/09/2021*		

1.   PURPOSE:

1.1   The purpose of this procedure is to provide details of the staff development and support process in Ability West.

2.   SCOPE:

2.1   This procedure is applicable to all Ability West staff.

3.   RESPONSIBILITIES:

3.1   **Chief Executive**: Overall responsibility to ensure that an effective development and support of staff is in place. The Chief Executive delegates responsibility for development and support of staff processes to Director of Human Resources.

3.2   **Director of Human Resources** - Overall responsibility for the development and implementation of an effective staff development and support process.

3.3   **Director/Area Services Manager** - Ensure that the processes in place to manage the staff development and support process throughout the organisation are delivered upon.

3.4   **Head of Departments/ Unit Directors/ Managers** – Manage the staff development and support process. Line Managers are also responsible for conveying the training and development needs of their staff to the Training Coordinator.

3.5   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services

3. RESPONSIBILITIES (Contd.):

3.6 All employees - It is the responsibility of all employees to comply with the staff development and support process.

4. REFERENCES:

4.1 Legislation/Guidelines -
Assisted Decision Making (Capacity) Act 2015 Amendment Act 2022
Data Protection Act 2018
Employment Equality Acts (1998 & 2004)
Equal Status Acts (2000 - 2004)
Freedom of Information Acts 2014
Health Act (1970), (2004), (2007)
Organisation of Working Time Act, 1997
Health & Social Care Professionals Act 2005 (and Amendment Act 2017)
Health Act 2007 (Care and Support of Residents in Designated Centres for persons [Children and Adults] with Disabilities) Regulations S.I. No. 367 of 2013
Health Act 2007 (Registration of Designated Centres for Persons [Children and Adults] with Disabilities S.I. No. 366 of 2013
H.I.Q.A. National Quality Standards, including (but not limited to) Safer Better Healthcare
Residential Centres for Children and Adults with Disabilities
I.S. EN ISO 9001:2015
Safety, Health and Welfare at Work Act 2005

Other Policy Framework

Ability West – Dignity, Respect and Equality in the Workplace Document
Ability West – Code of Standards of Behaviour for Ability West Employees
Ability West - Vision Statement
Ability West – Staff Training and Development Policy and Procedure
Ability West – Performance Management Policy and Procedure

Other References

Staff Development and Support Meeting Form (available at Appendix A).

5. DETAILS OF PROCEDURE:

Guidelines for Staff Development and Support Meetings are as follows:
- There should be a minimum of two meetings per year between the employee and their line manager. The frequency will be informed by the requirement of specific roles and regulatory bodies.

- The focus of the meeting will be on training and the delivery of services. Discussions should not be in relation to any other staff member.

- Either party can identify areas for discussion. If a party does not agree on the appropriateness of a topic for discussion, the meeting may be adjourned and reconvened once the matter is clarified.

- Action points and training needs should be agreed and documented at the meeting.

- Meetings should take approximately 30 minutes (this is intended as a guide only as meetings may take more or less than this time).

- Notes of the meeting must documented on the Staff Development and Support Meeting Form and signed by both parties.

- Each party retains a signed copy of the Staff Development and Support Meeting Form.

- Meetings will not address any matters appropriate to the disciplinary or grievance procedure.

- Meetings will not address any matters relating to staff pay increments.

- The process is intended to complement the Performance Management process and annual Performance Appraisal requirement.

MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Director of Human Resources Directorate	Every three years	Review process of Staff Development and Support Process with each Directorate in terms of process and any improvements required.
NEXT REVIEW DUE:		09/2024

REVISION HISTORY:

REVISION NO.	DATE	DESCRIPTION OF CHANGE	O.P.A.R. NO.
1	10.07.13	See Amendment Q.A.R.F. No. 0196	0196
2	24.07.14	See Amendment Q.A.R.F. No. 0220	0220
3	31.01.18	See Amendment Q.A.R.F. No. 0348	0348
4	19.08.21	See Amendment Q.A.R.F. No. 0532	0520

SECTION 5 – TEACHING AND LEARNING

ST. JOSEPH'S TRAINING SERVICES

TS006 - POLICY ON TEACHING, LEARNING AND DELIVERY OF TRAINING

St. Joseph's Training Services is committed to ensuring effective training is delivered to each trainee. St. Joseph's is committed to ensuring that such processes are in line with best practice and published regulations, standards and legislation. With equity and transparency applied consistently, across all locations and covering all areas of a person's training cycle. The outcome of effective delivery of training is that each trainee is provided with the optimum training experiences during their training cycle. The detail of this is found in the procedures below.

Staff members in St. Joseph's Training Services are recruited through Ability West's Human Resources Directorate, which includes policies and procedures on staff recruitment, management, training and development, with staff appropriately qualified and experienced and is fully detailed elsewhere in the QA System.

The processes involved in teaching, learning and delivery of training include: teaching and learning; having an ethos that promotes good learning experiences and outcomes; delivery of training in line with national and international effective practices. We are committed to the physical premises, equipment and facilities being regularly reviewed to ensure their continued adequacy and effectiveness.

St. Joseph's is committed to the quality of the learning experience being monitored on an on-going basis, including self-monitoring and improving the quality of teaching and learning and related services and supports. Information on this process is shared with the Academic Council for review as required.

We are committed to an open and inclusive learning environment that values critical reflection and fosters personal and professional development for both trainees and staff. The content of programmes reflects advances in the relevant area, incorporates national and international effective practice for both trainees and staff. St. Joseph's engages with the wider national and international community to enhance teaching and research.

St. Joseph's is committed to an ethos of mutual respect within the trainee-staff relationship, and ensuring that the learning environment is suitable and flexible to accommodate the diversity of trainees.

St. Joseph's is committed to ensuring that both the programme level and each programme's learning environment is appropriate and addresses:
- The many opportunities in which learning opportunities emerge
- Different learning environments
- Learning off campus, for example, work placements, external training
- Physical premises, equipment and facilities.

The ultimate aim of the training is for each trainee to develop their independence within their home and become an active citizen in their own community, and that the processes involved in teaching, learning and delivery of the training facilitates this.

This policy and procedures will be reviewed every three years, or more frequently if required.

Signed: _____ **Date:** _____12/10/23_____
                    Manager

Approved by: _____ **Date:** _____
                    Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services=	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	**DATE:** 12/10/2023
	APPROVED BY:	**DATE:**
Rev. 2	**REVIEWED BY:**	**DATE:**
	APPROVED BY:	**DATE:**
	NEXT REVIEW DUE:	**DATE:** 10/2026

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES			
TITLE: Teaching, Learning and Delivery of Training	**NO.:** TS006.01		**REV: 1**
SECTION 06: Teaching, Learning and Delivery	**PAGE:** 1 of 6		
PREPARED BY:	**DATE:** *12/10/23*		
APPROVED BY:	**DATE:**		

1. PURPOSE:

1.1 The purpose of this procedure is to outline the processes involved in teaching, learning and delivery of training to trainees.

2. SCOPE:

2.1 This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

3. RESPONSIBILITY:

3.1 **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2 **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3 **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services

3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.

3.6 **Manager** – To ensure the processes involved in the training cycle for each trainee are effectively implemented.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To comply with these processes.

4. REFERENCES:
See Appendix A - Reference List

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5. DETAILS OF PROCEDURE:

As outlined in the Procedure on Programme Design, Approval, Planning and Delivering, Monitoring and Review - Responsibility for overall training delivery rests with Manager of St. Joseph's Training Services, who visits all locations of training, in terms of oversight. The Academic Council can review elements of programme design, approval, planning, delivering and monitoring as required. Staff meetings are held on a regular basis for each location, and additionally planning days are held to incorporate all locations together. This serves to ensure that programmes are delivered in line with the Training Programme Specification and any external accreditation requirements are incorporated. Consistency in programme delivery is discussed along with programme planning in each location. Records are maintained of such planning meetings.

Each location is provided with a copy of the RT Training Programme Specification and follow this in relation to training. Each location is provided with a copy of individual programmes and follow same. Each location is provided with a copy of the Statement of Purpose and follow same.

Each trainer maintains lesson plans in conjunction with the Training Programme Specification, and in line with best practice, relating back to internal and external accreditation requirements. Additionally, timetables displayed in pictorial format reflect the training areas within the centre. Each individual trainee has their own timetable.

The processes involved in teaching, learning and delivery of training in line with the RT Training Programme Specification is outlined in detail below, under the following sections:

5.1 **Staff recruitment, management, training and development**
5.2 **Teaching and learning**
5.3 **Having an ethos that promotes good learning experiences and outcomes**
5.4 **Delivery of training in line with national and international best practice**
5.5 **Learning environments that promote effective learning**
5.6 **Health and Safety**

5.1 **Staff recruitment, management, training and development, and communication:**

Staff members are recruited through Ability West's Human Resources Directorate policies and procedures. This includes the following:

- **Recruitment and Selection** - Suitably qualified persons are recruited to the staff team for St. Joseph's Training Services, and this is undertaken through Ability West's recruitment processes, with policy and procedures followed in this regard. Staff members are recruited on the basis of requirements for this service, as indicated in the Training Programme Specification under 'Trainer Profile', this is the case for contracted and relief staff.
- **Management** - performance appraisal system in place in St. Joseph's Training Services in line with Ability West's policy and procedures.

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5.1 Staff recruitment, management, training and development, and communication (Contd.):

- **Training and development** - training opportunities are offered to staff members in line with Ability West's training and development policy and procedures; this includes mandatory training and other relevant training as identified. Training feedback and resources are shared with staff team.
- **Communication**: Staff communication occurs in a number of ways, including through staff meetings, planning meetings and daily interactions. The views of staff are ascertained through self-monitoring and self-evaluation processes, as outlined in the procedure for these areas.
- **General staffing and Human Resources** - comprehensive policies and procedures are in place in Ability West for Human Resources, and these are followed by St. Joseph's Training Services.

5.1 Teaching and learning

5.2 Teaching and training

St Joseph's Training Services supports individual trainees abilities in effective learning across all locations for teaching and learning of programmes.

The Training Programme places trainee's abilities and needs at the centre of the training process, where individual goals are set based on the needs and abilities of each trainee within each module. In all modules trainees are encouraged to take an active part in their learning.

In line with processes outlined in Procedure on Programme Design, Approval, Planning and Delivering, Monitoring and Review, Each trainer maintains lesson plans in conjunction with the Training Programme Specification, and in line with best practice, relating back to internal and external accreditation requirements.

Delivery of training by trainers is discussed at the commencement of each year, and co-ordinated taking account of the programmes on offer and cohort of trainees availing of training. This may also change through the training cycle year, and the Academic Council will be made aware of changes as they occur. Flexibility and accessibility are key characteristics of teaching and the training approach is always evolving to ensure that the flexibility of the model is optimised for the benefit of the trainees.

A master portfolio is available for each module of training, which trainers use to deliver training. Lesson plans are developed in line with the learning outcomes of each module, and consistent with the overall programme.

The training methods used are:

- Group work and group discussion
- One to one sessions
- Role play
- Training through creative arts (e.g. drama, art, music)
- Experiential training
- Demonstration and supervised practice

- Video and audio recording

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5.2 Teaching and training (Contd.):

- Use of multimedia approaches
- Community based training
- Project work
- Work experience placements
- Accessing social/leisure activities
- Access to further education and training where applicable.

Additionally, timetables displayed in pictorial format reflect the training areas within the centre. Each individual trainee has their own timetable.

Resources to undertake training in an effective manner includes suitable premises, facilities, equipment and other resources to ensure their continuing adequacy and effectiveness in relation to the programmes on offer for trainees.

St. Joseph's is committed to the quality of the learning experience being monitored on an on-going basis, including self-monitoring and improving the quality of teaching and learning and related services and supports. Examples of this include assessment review process, internal verification process, through trainee and staff meetings.

WORK PLACEMENTS

The aim of the module is to provide trainees with an insight into the world of work, and an opportunity to take part in Work Experience placements with businesses in the local community. Trainees are expected to complete a variety of work placements and reflect on experiences, in order to become aware of different types of work and ways of working, i.e. shops, restaurants, offices, hotels etc. Each placement typically lasts 12 weeks. Work Placement opportunities are sourced by Training Services staff in conjunction with the CE Scheme Supervisor for Ability West. Training Services Staff maintain close relationships with employers.

Trainees are supported by Job Coaches who are on the CE supported employment scheme. This is designed to increase trainee's independence, and provide opportunities for community inclusion ad interaction in the local community. This also assists trainees in long term goals of paid employment, thus becoming more financially independent. St Joseph's Training Services work closely with external bodies such as Employability to identify opportunities for paid employment when this is a goal for individual trainees.

On successful completion of this programme the trainees will:
1. Identify a wide range of employment areas and describe what they might entail
2. List learners own skills, qualities and interests suitable to employment
3. Draw up a personal learning plan for a work placement under the headings:-
   Preparation, Placement, Reflection

4. Develop an understanding of how to deal with a variety of situations that may occur during typical work situations and demonstrate ability with regards to areas including:- etiquette and expected behaviour, rules, punctuality, dress code, personal safety, confidentiality, preparation, etc. in a number of situations
5. Develop an understanding of workplace etiquette and behaviour appropriate to the environment, including introduction to employment legislation
6. Prepare an action plan for work placement
7. Participate in agreed work placement, taking into account agreed requirements
8. List and discuss key aspects of the work placement to include company description
9. Compile a work experience log
10. Demonstrate appreciation to the employment by means such as letter of appreciation, 'thank you'
11. Evaluate the work placement by reflecting on tasks completed, learning achieved, job satisfaction, approach to work, own skills/work placement suitability
    a. Discuss the trainee's evaluation
    b. Discuss employer's evaluation
    c. Discuss job coach's evaluation
12. Reflect on own work interests and effect of work placement with regard to future work

Some elements of this, if appropriate may be used in Level 1 and Level 2 Programmes under specific components, provided the learning outcomes are in line with requirements.

5.2 A provider ethos that promotes learning

5.3   Having an ethos that promotes good learning experiences and outcomes

St. Joseph's Training Services is committed to an open and inclusive learning environment that values critical reflection and fosters personal and professional development for both trainees and staff, ensuring that the content of programmes reflects advances in the relevant area, and incorporates national and international effective practice for both trainees and staff.

This is undertaken by the processes as outlined in the Policy on Programme Development, Review and Approval, and the Procedures in this regard. This includes, in particular, needs identification and feasibility study, strategic planning, and programme design, development, review and approval.

The learning environment promotes an ethos whereby each trainee has a good learning experience and good outcomes, which includes the following:
- An atmosphere of mutual respect is promoted in all locations of St. Joseph's Training Services in all activities
- Staff having knowledge and awareness of equality and diversity, therefore promoting an atmosphere of equality and fairness; policies and procedures are in place in Ability West in this regard, which all staff must adhere to, for example, Dignity, Respect and Equality in the Workplace, Safeguarding.

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5.3 Having an ethos that promotes good learning experiences and outcomes (Contd.):

- Trainees being provided with information on equality, diversity and complaints processes at induction and emphasised throughout the training cycle
- Training is conducted in accordance with best practice and taking account of the principles of all relevant equality legislation
- Training is provided in an equitable and fair manner, with all trainees having an equal access to all modules of training
- Training is provided taking account of the diversity of trainees with training approaches and format suitable to the individual
- Supports for trainees are available throughout the training cycle - detailed information on this is provided on the Procedure on Training Cycle for Trainees.
- Trainees are provided with information and support in making complaints and information on appeals, and there are procedures in place in this regard.

5.3 National and international effective practice

5.4 Delivery of training in line with national and international best practice

St. Joseph's engages with the wider national and international community to enhance teaching and research. This is undertaken by engagement with relevant stakeholders, including, HSE Guidance Officer, QQI, Employability Galway, external training providers, work placement opportunities in the communities and is guided by St Joseph's Training Services Academic Council.

St. Joseph's Training Services keeps abreast of changes in legislative and regulatory environment and changes nationally that may impact on training, e.g. QQI, HSE newsletters, Ability West intranet, Managers Days, Staff briefings, interested stakeholders.

Above processes and information shared, is used in the context of programme development, review and approval, and also to enhance training delivery.

5.4 Learning Environments

5.5 Learning environments that promote effective learning

St. Joseph's is committed to ensuring that both the programme level and each programme's learning environment is appropriate and addresses the following:

- The many opportunities in which learning opportunities emerge to support learning - for example, trainees working collaboratively on projects with support and supervision, and access to resources.
- Different learning environments - attention is paid to quality assurance of different learning environments, with each location maintaining consistent quality assurance approaches. This is undertaken by close co-operation between the Manager and relevant staff members.
- Learning off campus, for example, work placements, external training - consistency in relation to external facilitation of learning and experiences - the Manager and staff collaborate with other providers and stakeholders to ensure consistency of quality assurance. Collaboration is undertaken with reputable bodies, for example, QQI service

provider, affiliated to a regulatory body, certificates of completion of training provided. Situations are also risk assessed, and support provided to trainees in this context.

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5.5 Learning environments that promote effective learning (Contd):

- Physical premises, equipment and facilities - premises, equipment and facilities are in place to facilitate training. The premises, equipment and facilities are regularly reviewed in terms of continued adequacy and effectiveness in relation to the training programmes and services. This is overseen by the Manager as part of overall programme development and review processes, and on a continual basis.

5.6 Health and Safety:

St. Joseph's Training Services follows Ability West's policies and procedures on health and safety, and complies with all legislation in this regard, including the Health, Safety and Welfare at Work Act, 2005 and relevant regulations in this regard.

In line with this, the Training Services has a local Safety Statement in each training site, along with risk register. All training sites adhere to fire safety regulations, with regular fire drills carried out.

Information on health and safety is shared with staff members and trainees through various meetings, and notices displayed throughout the facilities.

5.7 Appeals:

A trainee can appeal any decision made on above elements and processes outlined, by use of the complaints procedure.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of teaching, learning and delivery of training, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	New procedure	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

SECTION 6 – ASSESSMENT OF LEARNERS

ST. JOSEPH'S TRAINING SERVICES

TS007 - POLICY ON ASSESSMENT OF LEARNING

St. Joseph's Training Services is committed to ensuring that the effective assessment of learners (trainees), is in line with best practice and published regulations, standards and legislation. The outcome of effective assessment of learners is that each trainee is provided with the optimum training experiences and outcomes in terms of assessment of learners.

The aim and objectives is to ensure that the assessment processes are underpinned by the following, which St. Joseph's Training Services is committed to:

- Consistent with our ethos of offering a person centred approach in providing training
- Understood by trainees and staff
- Applied consistently, with equity, and transparency across all locations, and covering all areas of training,
- Applied consistently, with equity and transparency to all training, with the approach to the assessment of trainees applied to both formal assessments (where it leads to certification) and in-house assessments
- Fair and consistent across assessors
- Fair and consistent across training locations
- Consistent with published regulations, legislation, national standards, our policies and procedures and best practice
- Internally verified as fair and consistent
- Externally authenticated as consistent with national standards
- Results approval process being effectively established and operational in a timely manner
- An appeals process enables trainees to appeal the assessment, and/or the assessment result
- Results are submitted for certification in a timely manner and information is provided in this regard to trainees
- Providing opportunities to celebrate learner achievements and presentation of certifications
- The security and integrity of the assessment processes are maintained at St. Joseph's Training Services; this includes assessment materials, assessment processes, learner work, and records of learner assessment.
- Oversight of this process is provided by St Joseph's Training Services Academic Council

We are committed to the assessment processes being fair and consistent, carried out professionally at all times and takes into account the extensive knowledge that exists about the variety of assessment methodologies and processes. Feedback on and analysis of assessment also provides valuable information for St. Joseph's about the effectiveness of the programme, teaching and learner supports and this is recognised.

From a governance and management perspective, this policy has been established and associated procedures with the aim of addressing the following:

- Trainee responsibility for demonstrating learning achievement
- How assessment supports standards, based on learner outcomes
- How assessment promotes and supports effective learning and teaching
- The credibility and security of assessment processes/procedures
- The regulation of assessment methods, ensuring that they are reviewed and renewed as necessary with the involvement of learners to adapt to evolving requirements
- The assessment of trainees at appropriate points in the programme and to ensure that feedback on the outcomes of assessment is provided to trainees in a timely and appropriate manner
- Trainees are involved in the periodic review of assessment procedures.
- Oversight of this process is provided by St Joseph's Training Services Academic Council

The processes for assessment, complaints and appeals meet the same standards of fairness, consistency and fitness for purpose as assessment in general. In particular, they are straightforward, efficient, timely and transparent.

This policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____ *Date:* ___*12/10/23*___
                        Manager

Approved by: _____ *Date:* _____
                        Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services (Cedar Court RT) Bridie Kelly, Senior Instructor, St. Joseph's Training Services	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services	**DATE:** 12/10/2023

	Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	
	APPROVED BY:	**DATE:**
	NEXT REVIEW DUE:	**DATE: 10/2026**

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

SEPERATE PROCEDURES FOR EACH OF THE AREAS OF ASSESSMENT INCLUDED AS INDIVIDUAL DOCUMENTS WITH APPLICATION

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES			
TITLE: Assessment of Learning for Trainees - OVERVIEW	**NO.:** TS007.01		**REV: 1**
SECTION 07: Assessment of Learning	**PAGE:** 1 of 6		
PREPARED BY:	**DATE:** 12/10/23		
APPROVED BY:	**DATE:**		

1. PURPOSE:
1.1 The purpose of this procedure and procedures in this section, is to outline the processes in place in the assessment framework, for fair and consistent assessment of trainees for both in-house and formal external assessment towards certification, appropriate to the learning outcomes of each trainee, taking account of individual needs.

2. SCOPE:
2.1 This procedure applies to all trainees and staff involved in St. Joseph's Training Services.
2.2 This procedure applies to all training in St. Joseph's Training Services.
2.3 This procedure applies in particular to the assessment process described as the process of judging learner (referred to as trainees in St. Joseph's Training Services) achievement in relation to the standards of knowledge, skill and competence so that the trainee may receive an award, either in-house or formal external assessment.

3. RESPONSIBILITY:
3.1 **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.
3.2 **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.
3.3 **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.
3.4 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.
3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective processes in place, and adequate resources are sourced.
3.6 **Manager** – To ensure the processes involved in the assessment of trainees are effective, and carried out in a fair and consistent manner. In addition, the establishment of procedures to ensure fairness and consistency in the assessment process is the responsibility of the provider, delegated to the Manager.
3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

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3.8 **Staff members:** To comply with these processes, and ensure that assessment of trainees are carried out in a fair and consistent manner. In addition, in relation to assessments, the process of judging learning achievement and making the assessment decision is the responsibility of the assessor, i.e. staff members.

4. **REFERENCES:**   See Appendix A - Reference List

5. **DETAILS OF PROCEDURE:**

Assessment takes place following a learning activity the trainee undertakes through an in-house or validated programme, dividing into modules with learning outcomes, both integrated and individual. The learning and assessment takes place in a number of contexts such as classrooms, work placements, community settings, through a variety of assessments.

This process of judging learning achievement against the standards for the purpose of attaining an award is called *summative* assessment.   Best practice in assessment indicates that trainees benefit also from *formative* assessment i.e. where assessment takes place and feedback is given through the process of teaching and learning. A combination of both summative and formative is applied to the assessment processes in St. Joseph's Training Services.

All assessment is completed by St Joseph's Training Services Staff, employed by Ability West. No other parties are involved in assessment.

The assessment framework establishes St. Joseph's Training Services philosophy on, and approach to, assessment of learners for both in-house assessment (leading to in-house certification) and formal assessment (leading to external certification).

There are 5 key stages in this process as outlined on the following pages.

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5.   DETAILS OF PROCEDURE:

There are 5 key stages in this process as outlined on the following pages.

Assessment Process - Overview: 5 Key Stages

1. Assessment Process
- establish and implement assessment policies, processes and procedures, roles in the assessment process
- devise assessment instruments, marking schemes and assessment criteria
- assess and judge learner evidence
- record outcome

⬇

2. Authentication Process

a. **Internal verification**

verify that all assessment procedures have been applied

monitor the outcome of the Assessment Process i.e. the assessment results on a **sample** basis

b. **External authentication**

assign an external authenticator per award based on broad award/field of learning expertise

external authenticator to moderate assessment results by sampling learner evidence according to the provider's own sampling strategy

⬇

3. Results Approval
- establish a Results Approval Panel
- approve and sign-off assessment results
- make results available to learners
- make results available to St Joseph's Training Services Academic Council and Senior Management Team of Ability West

⬇

4. Request for Certification
- Submit all learner results
- When doing so, flag results under appeal

⬇

5. Appeals Process
- establish an Appeals Process
- allow a minimum of 14 days for learners to lodge an appeal of the assessment process or result
- process all appeals

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TITLE: Assessment of Learning for Trainees - OVERVIEW	NO.: TS007.01	REV: 1	
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5. DETAILS OF PROCEDURE:

The assessment framework is outlined under the following sections in a procedure specific to the section, with detailed processes in this regard outlined:

STAGE 1 - ASSESSMENT   PROCEDURE TS007.02

1.1.   Roles in the assessment process

    1.1.1   The Provider

    1.1.2   The Assessor

1.2   Assessment Procedures

    1.2.1   Planning of Assessments

    1.2.2   Information for Trainees

    1.2.3   Assessment Deadlines

    1.2.4   Reliability of Evidence

    1.2.5   Security of Assessment Related Processes and Materials

    1.2.6   Records and Documentation

    1.2.7   Assessment Malpractice

    1.2.8   Reasonable Accommodation for Assessments

    1.2.9   Compassionate Considerations

    1.2.10   Repeat of assessment activity

1.3   Devising Assessment

    1.3.1   Assessment Techniques

    1.3.2   Assessment Instruments

    1.3.3   Assignment

    1.3.4   Project

    1.3.5   Portfolio/Collection of work

    1.3.6   Skills demonstration

    1.3.7   Examination - Theory based exams, practical exams, aural exams, interview style exams

    1.3.8   Learner Records

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1.4   Marking

      1.4.1   Devising assessment criteria

      1.4.2   Devising a marking system

1.5   Grading Classification

      1.5.1   Grading Classification Information

      1.5.2   Grading Criteria

STAGE 2 - THE AUTHENTICATION PROCESS   PROCEDURE TS007.03

2.1   Purpose

2.2   Internal Verification

      2.2.1   Role of the Internal Verifier

      2.2.2   Verification of assessment procedures

      2.2.3   Verification of assessment results

2.3   External authentication

      2.3.1   Role of external authenticator

      2.3.2   Criteria for selection of an external authenticator

      2.3.3   Moderation of results

      2.3.4   Frequency of external authentication

      2.3.5   Assigning external authenticators

2.4   Sampling

2.4.1   Criteria for sampling

STAGE 3 - RESULTS APPROVAL PROCESS   PROCEDURE TS007.04

3.1   Results Approval Panel

3.2   Results Approval

STAGE 4 - APPEALS PROCESS   PROCEDURE TS007.05

4.1   Appeals Process

STAGE 5 – REQUEST FOR CERTIFICATION   PROCEDURE TS007.06

5.1   Submission of results

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REFER TO INDIVIDUAL PROCEDURE FOR EACH SECTION AS DETAILED ABOVE

6.   MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of assessment, review at staff meetings and planning meetings regarding any changes to the procedure. Review at development days in terms of processes
NEXT REVIEW DUE:		10/2026

7.   REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	New procedure introduced for Assessment of Training	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

SECTION 7 – SUPPORT FOR LEARNERS

EXTRACT FROM PROCEDURE – TRAINING CYCLE FOR TRAINEES WHICH OUTLINES SUPPORTS FOR LEARNERS, I.E. SECTION 5.5. OF PROCEDURE BELOW

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES				
TITLE: Training Cycle for trainees		**NO.:** TS005.01		**REV: 10**
SECTION 05: Training Cycle		**PAGE:** 1 of 6		
PREPARED BY:		**DATE:** *12/10/23*		
APPROVED BY:		**DATE:**		

1. PURPOSE:

1.1 The purpose of this procedure is to outline the processes involved in the training cycle for each trainee admitted to St. Joseph's Training Services.

1.2 The purpose of this procedure is also to document the process of development of each trainee's individual training plan undertaking training in St. Joseph's Training Services

2. SCOPE:

2.1 This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

3. RESPONSIBILITY:

3.1 **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2 **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3 **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.

3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective management processes in place, and adequate resources are sourced.

3.6 **Manager** – To ensure the processes involved in the training cycle for each trainee are effectively implemented.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To comply with these processes.

4. <u>**REFERENCES:**</u>   See Appendix A - Reference List

5. <u>**DETAILS OF PROCEDURE:**</u>

The processes involved in the training cycle for each trainee are as follows:
5.1 ~~**Induction**~~
5.2 ~~**Initial assessment period and commencement of individual training plan**~~
5.3 ~~**Initial review and individual training plan, setting of goals**~~
5.4 ~~**Work placements**~~
5.5 **Supports for learners**
5.7 ~~**Discharge from St. Joseph's Training Services**~~
5.6 ~~**Appeals**~~

7.1 Supports for learners

5.5 **Supports for Trainees:**

A range of supports are offered to trainees during the course of their training, and this is monitored on an ongoing basis in terms of adequacy and effectiveness. Learning resources are updated and expanded as necessary to reflect up-to-date approaches and learner needs as identified through feedback on teaching and learning.

The following are in place to support trainees and to facilitate feedback processes:

5.5.1 An integrated approach from the perspective of the trainees

The range of learning resources and learner supports is as coherent and integrated as possible, and are described hereunder:

- All resources are fit for purpose and accessible, as outlined in the Training Programme Specification.

- Trainees are informed about the full range of services available to them, through Induction and ongoing throughout the training cycle.

- A questionnaire is provided for completion to trainees at the end of each year satisfaction levels and impression of overall experiences, resources and learner supports.

- Trainee perspectives about the sufficiency and quality of learning resources and learner supports are listened to, through a number of fora, including link worker meetings, trainee meetings, staff meetings, communication with families, and analysis of questionnaires.

5.5   Supports for trainees (Contd.):

• All trainees are assigned a Link Worker. This member of staff has responsibility for the holistic progress of the trainee – ensuring that their needs are being met, and that the trainee has a regular opportunity to discuss their training with a trusted member of staff, outside of timetabled training. Link Worker meetings are held bi-weekly and take the form of group and individual meetings, providing the trainee an opportunity to discuss all areas of training and progress. These meetings are documented in each individuals Individual Training Plan and are a vital element of the learner support system.

• Feedback from trainees, link workers, other relevant stakeholders and St Joseph's Training Services Academic Council is taken on board when reviewing programmes and resource requirements.

5.5.1   An integrated approach from the perspective of the trainees (Contd.)

• Trainees have access to supports regardless of location, and this is done through continual linking between all locations, with consistency and equality paramount.

• Resources and supports are promoted actively to ensure that learners are aware of their existence, through induction, link worker meetings, individually with trainees, and through trainee meetings.

• Learner resources and supports are bench marked against standards.

5.5.2   Wellbeing of trainees

Throughout the training cycle, the wellbeing of trainees is continually under review, with a holistic approach taken. This includes the following:

• Through continual observation and review in daily communications between staff, link worker meetings, staff meetings, trainee meetings.

• Many of the training programmes on offer emphasise wellbeing of trainees as part of the training provision.

• If a trainee is identified in need of multidisciplinary support services, procedures are in place in Ability West to access same. These multidisciplinary supports currently include psychology, social work, physiotherapy, speech and language, occupational therapy, and behaviour support.

• Other supports are available to trainees, for example, trainee meetings are facilitated, and Ability West Advocacy Council in place. Notices are also displayed in each location with regard to external advocacy resources.

5.5 Supports for trainees (Contd.):

- Trainees are provided with information on Ability West's policy and procedures, for example, complaints, anti-bullying and safeguarding. This may also include facilitating presentations and talks to trainees on pertinent issues related to wellbeing, and health and safety.

- Trainees are facilitated and supported to access local amenities, for example, citizens information centres, community centres, local information sessions.

- Trainees are provided with information on local events of a social and interactive nature, for example, Best Buddies, local social occasions.

5.5.3 Access to services related to programmes

Trainees are supported to access services and supports related to programmes as follows:
- Support to access local facilities related to training, for example, libraries, community centres, training and employment facilities, and citizens information centres.

- Promotion of use of local community and facilities to complement the training programmes.

- Support to access training opportunities in the community of benefit to trainees.

- Support to access work placement opportunities related to programmes.

- Access to learner support services (as indicated above).

- Access to use of equipment and resources, for example, computers, art and craft materials, various learning support materials.

- Premises and facilities are maintained by Ability West to an acceptable standard for training provision. St. Joseph's Training Services follow Ability West policies and procedures in this regard, e.g. maintenance.

- Health and safety is maintained in line with Ability West policies and procedures, and St. Joseph's Training Services. Each location has a risk register in place.

- Other supports that may be identified, from time to time, depending on individual needs of trainees, and St. Joseph's Training Services overall service plan.

5.5   Supports for trainees (Contd.

5.5.4 Trainee Representation:

There are mechanisms for trainees to make representation to St. Joseph's Training Services on matters of general concern. These include the following:

- Through the variety of processes in relation to overall experiences and satisfaction levels, such as questionnaires at the end of each year, and ongoing through link worker meetings, trainee meetings, staff meetings, communication with families.

- Opportunities are provided to trainees to collectively bring forward issues through trainee meetings with the Manager of St. Joseph's Training Services on a yearly basis or more frequently if required.

- Trainees have representatives on St Joseph's Training Services Academic Council and are supported in bringing any issues or concerns to the Academic Council.

- Issues can also be brought directly to any staff member or the Manager of St. Joseph's Training Services.

- Ability West has in place an Advocacy Council, and trainees have access to this.

- Trainees are provided with information in relation to external advocacy resources, with notices displayed in all locations.

- Trainees are provided with information on processes such as complaints and are supported in going through complaints processes if they so wish.

- Information is also provided to family support members in relation to complaints processes.

- Feedback from trainees, link workers and other relevant stakeholders is taken on board when reviewing programmes and resource requirements.

5.5.5 Guidance:

- Accurate and relevant information is provided to all prospective trainees in relation to programmes on offer. This includes information on potential outcomes, including further training and career pathways, prior to enrolment on the training programme.

- Detailed accurate and relevant information on programmes and potential outcomes is provided to trainees through the induction stage, initial assessment process, and throughout the training cycle.

- The final year review for each trainee includes discussion on potential future placements, and career pathways.

- Throughout the training cycle, necessary guidance is provided to trainees on training programmes as appropriate, and on training outcome opportunities. During the final year, trainees are provided with information on support services, for example, transition planning for life planning, Employability, HSE Occupational guidance, external training opportunities, Intreo Services.

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process regarding the training cycle, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	New procedure	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

SECTION 8 – INFORMATION AND DATA MANAGEMENT

ST. JOSEPH'S TRAINING SERVICES
TS008 – POLICY ON INFORMATION AND DATA MANAGEMENT

St. Joseph's Training Services is committed to ensuring that there are adequate processes in place for information and data management, and ensuring that such processes are in line with best practice and published regulations, standards and legislation. These procedures are found below.

Ability West has a Records Management Policy and Procedure which St. Joseph's Training Services applies to its information and data management.

The aim and objective is to ensure our information and data management systems facilitate St. Joseph's Training Services in its planning and delivery of services, including training, to a high quality for all areas. To facilitate this, we have an effective system for the management of records and data throughout all locations of St. Joseph's Training Services.

Reliable information and data are available for informed decision-making and to ensure St. Joseph's Training Services knows what is working well and what needs attention. Data and reports are communicated to staff and management for self-monitoring and planning purposes.

The aim and objectives of effective information and data management processes are underpinned by the following, which St. Joseph's Training Services is committed to:

- Information and data management systems are applied consistently across all locations of St. Joseph's Training Services
- Appropriate, quantitative and qualitative measures are identified which can be used as benchmarks or key performance indicators. Records and data facilitate this
- Effective learner information systems are robust, comprehensive and capable of maintaining secure records, generating and providing reports to relevant parties
- Information and data is maintained securely
- Maintaining learner records that are accurate and complete
- Having management information systems in place which enable necessary information to be stored and channelled to where and when it is needed
- Information is available to support future planning and is reviewed holistically from time to time to determine what additional insights are to be gleaned from it
- Data and information on completion rates are collected and are made available to relevant parties
- Ability West's policy and procedure on records management is adhered to
- Ability West's Confidentiality policy and procedure is adhered to by all.

This policy and related procedures are developed in accordance with best practice, applicable regulations, national standards, guidelines and relevant legislation, which St. Joseph's Training Services complies with. In particular, St. Joseph's Training Services complies with all data protection and freedom of information legislation in line with Ability West policies and procedures. User friendly documentation on data protection and freedom of information is available to trainees.

Preservation of confidentiality is an obligation under the Data Protection Act 2018 and to maintain the trust of those who provide their information and to ensure that the information gathered will continue to be of high quality, it is essential that all possible steps are taken to preserve confidentiality. Ability West's policy and procedures on confidentiality must be adhered to.

In order to provide guidance for service users, their families and staff, relevant information is provided in relation to the records management system and access procedures.

This policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____   *Date:*   __12/10/23__
                    Manager

Approved by: _____ _____   *Date:*   _____
                    Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services (Cedar Court RT) Bridie Kelly, Senior Instructor, St. Joseph's Training Services	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	**DATE:** 12/10/2023

Rev. 2	APPROVED BY:		DATE:
	REVIEWED BY:		DATE:
	APPROVED BY:		DATE:
	NEXT REVIEW DUE:		DATE: 10/2026

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002
2			
3			
4			

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Information and Data Management	NO.: TS008.01	REV: 1
SECTION 08: Information and Data Management	PAGE: 1 of 4	
PREPARED BY:	DATE: 12/10/23	
APPROVED BY:	DATE:	

1.   PURPOSE:

1.1   The purpose of this procedure is to outline the processes in place in St. Joseph's Training Services for information and data management.

2.   SCOPE:

2.1   This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

2.2   This procedure applies to all training in St. Joseph's Training Services.

2.3   This procedure applies in particular to information and data management and refers also to Ability West's Records Management Policy and Procedure.

3.   RESPONSIBILITY:

3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.

3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.

3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective processes in place, and adequate resources are sourced.

3.6   **Manager** – To ensure the processes involved in information and data management are sufficient, safe, and effective in terms of decision making processes. The Manager will also co-ordinate and oversee processes with regard to information and data management.

3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8   **Staff members:** To comply with these processes, and ensure that assessment of trainees are carried out in a fair and consistent manner. In addition, in relation to information and data management, to ensure that all information and data is maintained in a safe and secure manner.

4. **REFERENCES:** See Appendix A - Reference List

5. **DETAILS OF PROCEDURE:**

The processes in relation to information and data management are outlined under the following headings:

5.1 **Overview**

5.2 **Information systems**

5.3 **Learner information systems**

5.4 **Management information system**

5.5 **Information for further planning**

5.6 **Completion rates**

5.7 **Records maintenance and retention**

5.8 **Data Protection and Freedom of Information**

5.1 **Overview**

Reliable information and data are available for informed decision making and to ensure St. Joseph's Training Services knows what is working well and what needs attention. Controls and structures generate named data/reports which are communicated to staff and management for self-monitoring and planning purposes. The information gathered reflects the context and mission of St. Joseph's Training Services and Ability West.

Information and data includes a number of strands (this list is not exhaustive) –

- Central files with personal information for trainees
- Training records for each individual trainee
- Data records in relation to certification
- Planning, review and evaluation records (overall).

8.1 Information Systems

5.2 **Information systems**

Appropriate quantitative and qualitative measures are identified which can be used as benchmarks or key performance indicators (KPIs).

Methods of collecting information are used as appropriate. This includes – goal setting on an individual basis for each trainee at their individual trainee plan and review meeting, and records maintained in this regard. Baseline assessment is completed on entry to training and reviewed regularly, records maintained in this regard in each trainee's individual training plan. Goals set are reviewed in this context. Such records are maintained in each trainee's file in hard copy format.

Records of certifications are maintained on computerised system by the Manager and tracking system for certifications. QQI records on hard copy in the centre also.

Trainers and staff are involved in providing and analysing information and planning follow up activities. Reviews are held through planning days primarily from a KPI perspective and records maintained in this regard in hard copy format. Any information and data management issues relating to academic governance will be reviewed by the Academic Council.

5.   DETAILS OF PROCEDURE (Contd.):

8.2 Learner Information Systems

5.3   Learner information systems

St. Joseph's Training Services learner information management system is robust, comprehensive and is capable of the following, with details outlined hereunder:

- Maintaining secure learner records for current use and historical review – records are maintained in line with Ability West's Records Management policy and procedure

- Providing reports required for internal quality management and improvement – records are maintained and organised in such a way more ease of access to information as required, e.g. trainee individual records of training and assessment sheets.

- Generating data required for, and compatible with, external regulatory, professional or national systems as appropriate – overall assessment results records are maintained on computerised system by the Manager and tracking system for certifications. QQI records on hard copy in the centre also. Other records can be obtained from hard copy documentation, e.g. individual learner records, programme review records.

- Generating statistical and other reports to meet internal and external information requirements, e.g. on the QQI database of programmes and awards as prescribed by the legislation – on computerised system by the Manager and tracking system for certifications. QQI records on hard copy in the centre also. Other records can be obtained from hard copy documentation, e.g. individual learner records, programme review records.

- Ensuring that the database is maintained securely and that data related to learner assessment is accurate and complete – on computerised system by Manager with secure access, cross checked with at least two staff, one of which is the Manager. Any information and data management issues relating to academic governance will be reviewed by the Academic Council.

8.3 Management Information system

5.4   Management information system

The management information system enables necessary information to be stored and channeled to where it is needed when it is needed. It facilitates timely analysis in light of KPIs and objectives. Data from computerised system maintained by the Manager has capacity to generate of statistics and analysis. Statistics and analysis can also be gleaned from individual trainee records, goals progress and review.

8.4 Information for further planning

5.5   Information for future planning

The information contained in the management information system is reviewed holistically from time to time to determine what additional insights as to be gleaned from this. The records reviewed in this regard are statistics and analysis from overall results, individual trainee records, goals progress and

review. Any information and data management issues relating to academic governance will be reviewed by the Academic Council.

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5.   DETAILS OF PROCEDURE:

8.5 completion rates

5.6   Completion rates

Completion rates are collected, used and made available to external quality reviewers. Records are maintained following each Internal Verification, External Authentication and Results Approval process. Also, results are completed on a yearly basis on certifications. Any information and data management issues relating to academic governance will be reviewed by the Academic Council.

8.6 Records maintenance and retention

5.7   Records maintenance and retention

Ability West has a Records Management Policy and Procedure, and this contains information on records management and retention periods. St. Joseph's Training Services complies with this policy and procedure.

8.7 Data protection and freedom of information

5.8   Data Protection and Freedom of Information

St. Joseph's Training Services complies with all data protection and freedom of information legislation and complies with Ability West policies and procedures in this regard. User friendly documentation on data protection and freedom of information is available to trainees. Any information and data management issues relating to academic governance will be reviewed by the Academic Council.

6.   MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of information and data management, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/026

7.   REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	New procedure introduced for Assessment of Training	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

TS009 – POLICY ON PUBLIC INFORMATION AND COMMUNICATION

St. Joseph's Training Services is committed to ensuring that best practice and published regulations, standards and legislation, and in particular Qualifications and Quality Assurance (Education and Training) Act, 2012 (referred to as the 2012 Act) are maintained regarding information and communication.

Ability West has Policies and Procedures on Public Relations and Social Media, which apply to St. Joseph's Training Services. The Ability West Public Relations policy and related procedures outlines that the organisation's role in providing services and supports to people with disability involves the promotion of our services to project a positive image in all forms of media. As such, we recognise the valuable role the media play in assisting us to promote an awareness of a positive, person first approach where each person is treated with dignity and respect. We take a proactive approach in promoting the services provided by the organisation. Our goal is to provide information that is accurate, official, consistent and in line with the overall ethos of the organisation, taking account of the dignity, respect and equality of all those involved. Our policy and related procedures include co-operation with representatives of all media, being mindful of legalities and confidentiality issues. Paramount in all of our activities with the public is the positive image portrayed and the wellbeing of all people availing of our services; this must take precedence over the interests of public relations. Taking all the above into account, it is Ability West's policy that all media contact be directed to the Chief Executive (or in absence, designate), and St. Joseph's Training Services adheres to this.

In the context of this policy and associated procedure - public information refers to the information that providers communicate and publish about their activities, including their education and training programmes, research and related services, about St. Joseph's Training Services and our quality assurance policies and procedures and about evaluation and findings from quality assurance evaluations.

The aim and objectives of effective public information and communication processes are underpinned by the following, which St. Joseph's Training Services is committed to:

- Public information - Ensuring that information published is clear, accurate, objective, up to date and easily accessible. Information published in respect of programmes of education and training complies with the spirit and requirements of Qualifications and Quality Assurance (Education and Training) Act, 2012.

- Learner information - All relevant programme and award information is made available to prospective and current learners, in an accessible manner. The accuracy of such information is maintained. Information for prospective learners is honest, transparent and facilitates comparison.
- Publication of quality assurance evaluation reports - Key, formal, provider-owned, quality evaluations result in the production of a written report and, where appropriate, a quality improvement plan. Key findings are published in an easily accessible format for all relevant parties, as soon as practicable after the evaluation event.

This policy and related procedure has been developed in accordance with best practice, applicable regulations, national standards, guidelines and relevant legislation, which St. Joseph's Training Services complies with, along with Ability West's policies and procedures on public relations, social media and other relevant policies and procedures, such as Records Management. St. Joseph's Training Services also complies with all Freedom of Information and Data Protection legislation. In addition, preservation of confidentiality is an obligation under the Data Protection Act 2018 and to maintain the trust of those who provide their information and to ensure that the information gathered will continue to be of high quality, it is essential that all possible steps are taken to preserve confidentiality. In line with this Ability West's policy and procedures on confidentiality must be adhered to. Any concerns relating to academic governance will be reviewed by the Academic Council.

This policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____   **Date:** _12/10/23_____
                     Manager

Approved by: _____   **Date:** _____
                     Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	PREPARED BY: Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services (Cedar Court RT) Bridie Kelly, Senior Instructor, St. Joseph's Training Services	DATE: 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	DATE: 01/06/2021
Rev. 1	REVIEWED BY: Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services	DATE: 12/10/2023

	St. Joseph's Training Services Academic Council members	
	APPROVED BY:	**DATE:**
	NEXT REVIEW DATE:	**10/2026**

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002
2			
3			

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Public Information and Communication	**NO.:** TS009.01	**REV: 1**
SECTION 09: Public Information and Communication	**PAGE:** 1 of 4	
PREPARED BY:	**DATE:** *12/10/23*	
APPROVED BY:	**DATE:**	

1.   PURPOSE:
1.1   The purpose of this procedure is to outline the processes in place in St. Joseph's Training Services for public information and communication. This must be read in conjunction with Ability West's Public Relations and Social Media policies and procedures.

2.   SCOPE:
2.1   This procedure applies to all trainees and staff involved in St. Joseph's Training Services.
2.2   This procedure applies to all training in St. Joseph's Training Services.
2.3   This procedure applies in particular to public information and communication processes in this regard, with reference also to Ability West's Public Relations Policy and Procedure, and Social Media Policy and Procedure.

3.   RESPONSIBILITY:
3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System.
3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.
3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.
3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.
3.5   **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective processes in place, and adequate resources are sourced.
3.6   **Manager** – To ensure the processes involved in public information and communication are sufficient, safe, and effective in terms of decision making processes. The Manager will also co-ordinate and oversee processes with regard to information and data management.
3.7   **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8   **Staff members:** To comply with these processes, and ensure that assessment of trainees are carried out in a fair and consistent manner. In addition, in relation to public information and communication, ensure that policy and procedure is followed in this regard.

4.   <u>**REFERENCES:**</u>   **See Appendix A - Reference List**

5.   <u>**DETAILS OF PROCEDURE:**</u>

The processes in relation to information and data management are outlined under the following headings:

5.1   **Overview**

5.2   **Public Information**

5.3   **Learner information**

5.4   **Publication of quality assurance evaluation reports**

5.5   **Records management**

5.6   **Data Protection and Freedom of Information**

5.1   **Overview**

In the context of the policy and this procedure - public information refers to the information that St. Joseph's Training Services communicate and publish about their activities, including their education and training programmes, research and related services; about St. Joseph's Training Services and our quality assurance policies and procedures; and about evaluation and findings from quality assurance evaluations.

9.1 Public information

5.2   **Public Information**

St. Joseph's Training Services ensure the information published is clear, accurate, objective, up to date and easily accessible.

Information published in respect of programmes of education and training complies with the spirit and requirements of the Qualifications and Quality Assurance (Education and Training) Act, 2012, including:
- the requirements specified on preparing and reporting on quality assurance procedures; publishing quality assurance procedures;
- information relating to accreditation/validation of programmes and (in particular) programmes that are non-accredited or do not lead to awards;
- the completion of programmes and attainment of standards;
- procedures for access, transfer and progression;
- the International Education Mark;
- information for enrolled learners;
- the register of providers and the database of awards and programmes maintained by QQI.

Information is available through St. Joseph's Training Services policies and procedures, through information leaflets, Training Programme Specification, and at public information sessions and Open Evenings.

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Information of a promotional nature or specific interest are published from time to time. These go through the Ability West Policies and Procedures, e.g. public relations, social media.

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5. DETAILS OF PROCEDURE (Contd.):

9.2 Learner information

5.3 Learner information

All relevant programme and award information is made available to prospective and current learners, including the following:

- whether or not a programme leads to an award,
- the name of the awarding body,
- the title of the award; whether the award is recognised in the National Framework of Qualifications (NFQ) and if so, the award type and NFQ level,
- whether the programme is subject to procedures for access, transfer and progression and if so what these are,
- details of the Protection of Enrolled Learner (PEL) arrangements in place, should PEL be a requirement.

The accuracy of such information is maintained. Information for prospective learners is honest, transparent and facilitates comparison.

Information is available through St. Joseph's Training Services policies and procedures, through information leaflets, Training Programme Specification, and at public information sessions and Open Evenings. Information is also available to learners in a user friendly manner with details of education and training.

9.3 Publication of quality assurance evaluation reports

5.4 Publication of quality assurance evaluation reports

Key, formal, provider-owned, quality evaluations result in the production of a written report and, where appropriate, a quality improvement plan. Key findings are published in an easily accessible format and location. Once completed, evaluation reports and results are published and made available to learners, staff and management and the Academic Council. Such reports are also available in a prominent place in all training locations. The publication of the report is done as soon as practicable after the evaluation event and in an accessible manner. Results of evaluations are also provided to trainees in a user friendly manner.

5.5 Records management

Ability West has in place a Records Management Policy and Procedure, and this contains information on records management and retention periods. St. Joseph's Training Services complies with this policy and procedure.

5. DETAILS OF PROCEDURE (Contd.):

5.6 Data Protection and Freedom of Information

St. Joseph's Training Services complies with all data protection and freedom of information legislation, particularly in relation to public information and communication relation to St. Joseph's. Ability West has in place policies and procedures in this regard which St. Joseph's complies with. User friendly documentation on data protection and freedom of information is available to trainees

6. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the processes involved in public information and communication, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10//2026

7. REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	Q.A.R.F. NO.
0	11/11/2020	New procedure introduced for Assessment of Training	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

TS010 – POLICY ON INVOLVEMENT WITH OTHER PARTIES IN EDUCATION AND TRAINING

St. Joseph's Training Services is committed to working effectively with other parties in education and training, to support trainees in their learning processes and achievements.

St. Joseph's Training Services acknowledges that education and training leads to recognised qualifications. Education, training and support in St. Joseph's also aims to provide trainees with social, personal and work related skills to enable them to maximise independence and community inclusion. In addition it aims to provide trainees with a broad range of personal and practical skills, and leisure activities which enable them to take as full a role as possible in their local community. This also helps trainees develop their independence within their home and community. An essential component in this is involvement with other parties in education and training.

The aim and objectives of promoting and maintaining involvement with other parties in education and training is underpinned by the following, which St. Joseph's Training Services is committed to:

- Peer relationships with the broader education and training community – Awards made on the National Framework of Qualifications (currently Level 1 and 2) are intended to promote mutual recognition and confidence in the learning outcomes attained by learners. We are committed to arrangements and partnerships that are undertaken with reputable bodes and included in our procedures.
- External partnerships and second providers - Quality assurance procedures include provision for engagement with external partnerships and second providers should the need arise.
- Expert panellists, examiners and authenticators - The quality assurance procedures include explicit criteria and procedures for the recruitment and engagement of external, independent, national and international experts (where appropriate), including the

selection and recruitment of expert panel members.

This policy and related procedure has been developed in accordance with best practice, applicable regulations, national standards, guidelines and relevant legislation, which St. Joseph's Training Services complies with.

This policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____ **Date:** ___12/10/23_____

Manager

Approved by: _____ **Date:** _____

Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	**PREPARED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services (Cedar Court RT) Bridie Kelly, Senior Instructor, St. Joseph's Training Services	**DATE:** 19/01/2021
	APPROVED BY: Audrey Pidgeon, Chief Executive	**DATE:** 01/06/2021
Rev. 1	**REVIEWED BY:** Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	**DATE:** 12/10/2023
	APPROVED BY:	**DATE:**
Rev. 2	**REVIEWED BY:**	**DATE:**
	APPROVED BY:	**DATE:**
	NEXT REVIEW DUE:	**DATE:**10/2026

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Other Parties involved in Education and Training	NO.: TS010.01	REV: 1
SECTION 10: Other Parties involved in Education and Training	PAGE: 1 of 4	
PREPARED BY:	DATE: 12/10/23	
APPROVED BY:	DATE:	

1.   PURPOSE:

1.1   The purpose of this procedure is to outline the processes in place in St. Joseph's Training Services in relation to other parties involved in education and training.

2.   SCOPE:

2.1   This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

2.2   This procedure applies to all training in St. Joseph's Training Services.

2.3   This procedure applies in particular to processes regarding other parties involved in education and training with St. Joseph's Training Services.

3.   RESPONSIBILITY:

3.1   **Board of Directors of Ability West –** ratification of policies for the Quality Assurance Systems.

3.2   **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3   **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4   **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.

3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective processes in place, and adequate resources are sourced.

3.6 **Manager** – To ensure the processes involved in information and data management are sufficient, safe, and effective in terms of decision making processes. The Manager will also co-ordinate and oversee processes with regard to other parties involved in education and training.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To comply with these processes, and ensure that assessment of trainees are carried out in a fair and consistent manner. In addition, in relation to other parties involved in education and training with St. Joseph's Training Service, and ensure that policy and procedure is followed in this regard.

4. **REFERENCES:**

See Appendix A - Reference List

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Other Parties involved in Education and Training	NO.: TS010.01	REV: 1
SECTION 10: Other Parties involved in Education and Training	PAGE: 2 of 4	

5. **DETAILS OF PROCEDURE:**

The processes in relation to information and data management are outlined under the following headings:

5.1 **Overview**

5.2 **Peer relationships with the broader education and training community**

5.3 **External partnerships and second providers**

5.4 **Expert panelists, examiners and authenticators**

5.1 **Overview**

St. Joseph's Training Services is committed to effective involvement with other parties in education and training, to support trainees in their learning processes and achievements.

Education and training leads to recognised qualifications. Education, training and support in St. Joseph's also aims to provide trainees with social, personal and work related skills to enable them to maximise independence and community inclusion. In addition it aims to provide trainees with a broad range of personal, practical skills, and leisure activities which enable them to take as full a role as possible in their local community. This also helps trainees develop their independence within their home and community. An essential component in this is involvement with other parties in education and training.

10.1 Peer relationships with the broader education and training community

5.2 **Peer relationships with the broader education and training community**

Awards made on the National Framework of Qualifications (currently Level 1 and 2) are intended to promote mutual recognition and confidence in the learning outcomes attained by

trainees. Arrangements and partnerships are undertaken with reputable bodies and subject to appropriate internal and external quality assurance procedures.

Currently, St. Joseph's Training Services does not have any collaborations with the broader education and training community from an international perspective. All collaborations are within the national perspective, i.e. Ireland.

Other awards, accreditations, collaboration, arrangements and partnerships, in Ireland, offered through or by St. Joseph's Training Services are organised with reputable bodies and are subject to appropriate internal and external quality assurance procedures. The nature of all such arrangements in place within the broader national education and training community are detailed in the Teaching, Learning and Delivery of Training Procedure. Information is available in this regard on request to the Manager. This is overseen by St Joseph's Training Services Academic Council.

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5. DETELS OF PROCEDURE (Contd.):

10.2 External partnerships and second providers

5.3 External partnerships and second providers

Currently, St. Joseph's Training Services does not have any external partnerships or second providers in relation to training programmes or elements of training programmes which St. Joseph's Training Services is a QQI training provider of. St. Joseph's Training Services is not involved in any transnational arrangements regarding education and training with other parties.

Should such situations arise, procedures will be developed to cover such arrangements, including sub-contracting of provision, research or other partnerships in programme or research provision or related services as appropriate. Procedures will include provisions for due diligence on the reputation, legal status, standing and financial sustainability of any such parties or second providers involved in provider provision or related services. This is overseen by St Joseph's Training Services Academic Council.

10.3 Expert panellists, examiners and authenticators

5.4 Expert panellists, examiners and authenticators

Ethical guidelines relating to the selection and participation of such external experts are provided to the experts, for example, there are procedures in place for external authenticator, and code of practice in place. These require a declaration by the external expert of any interests that could conflict, or might appear to conflict, with the role or responsibilities proposed by the provider. Independence and expertise are reviewed each time a person is engaged because both are subject to change.

The names and affiliations of expert panellists, examiners and authenticators and other external experts associated with the provider are collated and monitored by St. Joseph's Training Services, and records maintained by the Manager.

6.   **MONITORING OF PROCEDURE:**

BY WHOM	FREQUENC	METHOD(S
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes with regard to other parties involved in education and training, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7.   REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	Q.A.R.F.NO.
0	11/11/2020	New procedure introduced for this area	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

SECTION 11 SELF EVALUATI0N, MONITORING AND REVIEW

ST. JOSEPH'S TRAINING SERVICES

TS011 – POLICY ON QUALITY ENHANCEMENT

St. Joseph's Training Services is committed to ensuring that education, training, services and supports in place are of a high standard, delivered in line with applicable regulations, national standards, guidelines and relevant legislation. This includes systems in place with the aim of continual enhancement and quality improvement, throughout all locations, in line with St. Joseph's strategic plan. This is in line with Ability West's strategic plan and overall vision and mission statement. The ultimate aim is to achieve outcomes based on a good quality of life for people availing of our services and supports.

Ability West has a Quality Enhancement policy and procedures, which Joseph's Training Services complies with. This policy and associated procedure specifically in place for St. Joseph's on Quality Enhancement, compliments the overall organisations processes.

The aim and objectives of promoting and maintaining involvement with other parties in education and training is underpinned by the following, which St. Joseph's Training Services is committed to:

- Striving towards continuous quality improvement and recognise the vital importance of maintaining high standards in line with best practice.

- Continual quality improvement and enhancement.

- Promoting opportunities for shared learning.

- Encouraging feedback from learners, families, staff and other stakeholders in the overall quality enhancement processes

- Ensuring staff are up to date on current practice and development.

- Ensuring that education, training and supports are provided in compliance with and consistent with relevant legislation, statutory regulations, directives, national standards, national policy and procedures and best practice.

- Having an open and transparent system which is evidence based.

- Having systems in place to review overall quality of services, supports and systems therein, including self-evaluation, monitoring and review processes. Review and self-evaluation of quality, including review of programmes of education and training, research and related services, is a fundamental part of the provider quality assurance system. The purpose of such self-evaluation is to review, evaluate and report on the education, training, research and related service provided by St. Joseph's Training Services and the quality assurance system and procedures which underpin these. In doing so, existing effective practices are identified and maintained, while areas needing improvement are addressed.

- The quality assurance system is connected with St. Joseph's Training Services' external QA obligations, including statutory external review of QA under the Qualifications and Quality Assurance (Education and Training) Act, 2012, and any national and international accreditation systems held, both statutory and voluntary. This is overseen by St Joseph's Training Services Academic Council.

This policy and procedures will also be reviewed every three years, or more frequently if required.

Signed: _____ Date: ___12/10/23___
                    Manager

Approved by: _____ Date: _____
                    Chief Executive

Implementation Date: _____

VERSION HISTORY:

Rev. 0	PREPARED BY:	DATE:
	Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services (Cedar Court RT) Bridie Kelly, Senior Instructor, St. Joseph's Training Services	19/01/2021

	APPROVED BY: Audrey Pidgeon, Chief Executive	DATE: 01/06/2021
Rev. 1	REVIEWED BY: Eileen Costello-Conneely, Quality and Compliance Manager Matthew Ellis, Manager, St. Joseph's Training Services Lorraine Nolan, Senior Instructor, St. Joseph's Training Services Mary Garvey, Senior Instructor, St. Joseph's Training Services Bridie Kelly, Senior Instructor, St. Joseph's Training Services St. Joseph's Training Services Academic Council members	DATE: 12/10/2023
	APPROVED BY:	DATE:
Rev. 2	REVIEWED BY:	DATE:
	APPROVED BY:	DATE:
	NEXT REVIEW DUE:	DATE: 10/2026

REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	QARF NO.
0	11/11/2020	Introduction of policy	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

ST. JOSEPH'S TRAINING SERVICES

ST. JOSEPH'S TRAINING SERVICES		
TITLE: Quality Enhancement, Self-Monitoring and Self-Evaluation	NO.: TS011.01	REV: 1
SECTION 11: Quality Enhancement	PAGE: 1 of 10	
PREPARED BY:	DATE: 12/10/23	
APPROVED BY:	DATE:	

1. **PURPOSE:**

1.1 The purpose of this procedure is to outline the processes in place in St. Joseph's Training Services in relation to quality enhancement, and self-evaluation of quality, including review of programmes of education and training, research and related services.

2. SCOPE:

2.1 This procedure applies to all trainees and staff involved in St. Joseph's Training Services.

2.2 This procedure applies to all training in St. Joseph's Training Services.

2.3 This procedure applies in particular to processes regarding quality enhancement and self-evaluation of quality, including review of programmes of education and training, research and related services, of St. Joseph's Training Services.

3. RESPONSIBILITY:

3.1 **Board of Directors of Ability West –** ratification of policies for the Quality Assurance System for St. Joseph's Training Services.

3.2 **Policy Advisory Group –** consideration and approval of policies and procedures for the Quality Assurance System for St. Joseph's Training Services.

3.3 **Chief Executive** - To ensure that there are appropriate processes in place for the Quality Assurance System for St. Joseph's Training Services.

3.4 **St. Joseph's Training Services Academic Council** – To provide governance for the academic processes of St Joseph's Training Services.

3.5 **Area Services Managers -** To ensure that policies and procedures are being adhered to and that there are effective processes in place, and adequate resources are sourced.

3.6 **Manager** – To ensure the processes involved in information and data management are sufficient, safe, and effective in terms of decision making processes. The Manager will also co-ordinate and oversee processes in relation to self-evaluation, and oversee quality enhancement in St. Joseph's Training Services.

3.7 **Quality and Compliance Manager -** To ensure policies and procedures are 'fit for purpose' in terms of quality in line with statutory QQI guidelines.

3.8 **Staff members:** To comply with these processes, and ensure that assessment of trainees are carried out in a fair and consistent manner. In addition, in relation to self evaluation and quality enhancement, to be involved in all such processes, and ensure that policy and procedure is followed in this regard.

4. REFERENCES: See Appendix A - Reference List

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TITLE: Quality Enhancement - Self-Monitoring and Self-Evaluation	NO.:	TS011.01	REV: 1
SECTION 11: Quality Enhancement	PAGE:	2 of 10	

5. DETAILS OF PROCEDURE:

The processes in relation to information and data management are outlined under the following headings:

5.1 **Overview – quality enhancement**

5.2 **Provider-owned internal review, self-evaluation and monitoring**

5.3 **Internal - self-monitoring**

5.4 **Self-evaluation, improvement and enhancement**

5.5 **Provider-owned quality assurance engages with external quality assurance**

5.1 Overview – Quality enhancement

St. Joseph's Training Services is committed to ensuring that there are adequate processes in place for ensuring that education, training, services and supports in place are of a high standard, delivered in line with applicable regulations, national standards, guidelines and relevant legislation. This includes systems in place with the aim of continual enhancement and quality improvement, throughout all locations, in line with St. Joseph's strategic plan, and Ability West's overall vision and mission statement, and strategic plan. The ultimate aim is to achieve outcomes based on a good quality of life for people availing of our services and supports. The Quality Enhancement processes are overseen by St Joseph's Training Services Academic Council.

11.1 Provider-owned internal review, self-evaluation and monitoring

5.2 Provider-owned internal review, self-evaluation and monitoring

The outcomes of provider-owned and external reviews and follow-up actions taken are considered by St. Joseph's Training Services when preparing for upcoming external reviews. The findings of self-evaluations are analysed and are available for, and connect to and support, the external review cycle.

The distinction between ongoing, internal self-monitoring and formal self-evaluation is typically in frequency and scale – as outlined in this procedure.

Self-evaluation has a broad, systemic focus and is carried out at specified intervals.

Internal self-monitoring is ongoing and typically focuses on specific indicators.

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5.   DETAILS OF PROCEDURE (Contd.):

11.2 Internal self-monitoring

5.3   Internal self-monitoring

Self-monitoring at St. Joseph's Training Services includes the following:

5.3.1   A system of appropriate quality measures:

Appropriate quality measures are identified which can be checked in monitoring, for example –

- **Learner satisfaction ratings** – this is done, for example, on an annual basis via questionnaires with trainees, Individual Training Meetings, and Yearly reviews

- **Completion /certification rates** – this is done by tracking completion and certification rates through discussions at planning days, and analysis of achievements for trainees (including long and short term goals)
- **Relevance of outcomes to the market place and meaningful community participation** – continual review of training programmes to ensure they contain elements of keeping up to date with current practice, teaching tools are also continually reviewed, this is done organically, at staff meetings and planning days
- **Relevance of outcomes in independent living skills** - continual review of training programmes to ensure they contain elements of keeping up to date with current practice and current affairs (e.g. pandemic situations), teaching tools are also continually reviewed, this is done organically, at staff meetings and planning days
- **Error levels and Verification of training by instructors** – process of local Internal Verification is undertaken for each round of Certifications and is an opportunity to quality check and provide feedback to tutors; Formal Internal Verification, External Authentication, and Results Approval also provides opportunities for feedback and learning.
- **Results from authentication and results approval processes** - This is done by reviewing the reports from these processes, e.g. Results Approval report, and learning from these.
- **Audits and inspections** – various audits and inspections are carried out as part of the organisation's quality management system, for example, health and safety audits, assessment process for New Directions.
- **The quality system monitors key performance indicators and progress against objectives** - targets are set in various ways, e.g. planning meetings.
  This list is not exhaustive.

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5.   DETAILS OF PROCEDURE (Contd.):

5.3.2 Gathering evidence of achievement of objectives:

When objectives are set, consideration is given to the kind of evidence or information required to determine whether or not the objective has been met, and how and where this information will be obtained and by whom. Outcomes-related objectives (i.e. product) are especially important, but objectives concerning inputs, processes and environments are also part of the quality assurance system. Objectives are generally set during review days, and at staff meetings.

A variety of internal methods of gathering evidence of evaluation are undertaken at the centre, including planning days, staff meetings, trainee group meetings, interviews, individual planning meetings, overall training and certification processes,

internal verification, external authentication and results approval process. The co-ordination of such processes is the overall responsibility of the Manager. This is overseen by St Joseph's Training Services Academic Council.

5.3.3 Consideration for prioritising objectives:

Important objectives are prioritised even where they are difficult to achieve or to quality assure. Quality assurance is not limited to addressing easily assessed objectives nor committed to addressing inconsequential ones.

5.3.4 Acting on findings:

 All St. Joseph's Training Services quality assurance evaluation outcomes are used to produce a quality improvement plan which sets out a schedule of actions to be undertaken following internal evaluation. It identifies the person(s) responsible for actions and follow-up. Quality assurance does not produce perverse incentives. This is overseen by St Joseph's Training Services Academic Council.

11.3 Self-evaluation, improvement and enhancement

5.4   Self-evaluation, improvement and enhancement

Self-evaluation focuses particularly on the quality of, or impact on, the learner's experience, achievements, contributions and on findings from the many stakeholders engaging in the quality system. The emphasis is on the impact on learners and other stakeholders, rather than on policies and procedures. Self-evaluation is taken as an opportunity to engage in crucially important dialogue with stakeholders, including learners, employers, collaborative partners, and external experts used by the provider in its quality assurance procedures.

 Basic self-evaluation has two primary outputs: a self-evaluation report, including findings and recommendations for improvement, and an evaluation improvement or action plan detailing how and when the provider will address the recommendations made in the self-evaluation report, and who will have responsibility for doing so. The self-evaluation report consolidates areas of effective practice and addresses areas requiring improvement. Actions agreed following self-evaluation are implemented and have their intended effect. This is overseen by St Joseph's Training Services Academic Council.

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5.   DETAILS OF PROCEDURE (Contd.):

Self-evaluation is organised as follows:

5.4.1 Responsibility:

St Joseph's Training Services Academic Council designate the Line Manager/Manager for self-evaluation to have overall responsibility for co-ordinating the self-evaluation process, and ensure that the self-evaluation is conducted according to procedures. The Manager liaises with his/her Line Manager to access the necessary allocation of resources so that the evaluation process is carried out in an effective manner.

Prior to the evaluation commencing, a self-evaluation team will be established including a number of staff members and the external evaluator to put together a plan of action for the evaluation. This will include the Manager, line manager and Quality and Compliance Manager. The Manager will have overall responsibility for the co-ordination of this team.

5.4.2 Frequency:

A formal evaluation is carried out every three years by an external evaluator, who is appointed in relation with requirements for external evaluator as noted below. This is a maximum frequency, and a self-evaluation can be carried out more frequently if the need is identified, for example, reduction in certification levels, major changes to programmes. In addition, if deemed necessary by an external evaluator, e.g. major number of issues arising, further self-evaluations (with external evaluators) will be will be undertaken.

The training cycle for the majority of trainees is for three years' duration. Therefore, all trainees will be involved in at least one external evaluation throughout their training period at the centre.

All programmes are reviewed in line with accreditation body requirements, and all evaluations are completed taking this into account. This is overseen by St Joseph's Training Services Academic Council.

5.4.3 Range:

In general, evaluations will cover all the programmes on offer at the time of evaluation, as decided by St Joseph's Training Services Academic Council.

In addition, from time to time, themed evaluations may be organised, for example, in one programme area where there are major changes, change in certification levels.

All locations of training will be covered in the evaluations.

All training will be included in the evaluation, i.e. training leading to certification and inhouse training.

Taking trainee profile into account, and as trainees are involved in a number of training modules, the evaluation of all programmes would be more beneficial for the trainees and the overall training programme development.

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TITLE: Quality Enhancement - Self-Monitoring and Self-Evaluation	NO.:	TS011.01	REV: 1
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5. DETAILS OF PROCEDURE (Contd.):

5.4.4 Trainee involvement:

On a yearly basis, a formal evaluation is undertaken with each trainee and records maintained. This includes trainees involved in all training programmes and cycles.

Authentication Process, including Internal Verification, External Authentication and Results approval takes places at award cycles. Records are maintained and available for evaluation purposes.

Trainee group meetings are held on a regular basis, and records are maintained and available for evaluation purposes.

Individual Training Plan meetings are held regularly, and records are maintained and available for evaluation purposes.

Records of all evaluations at the centre are maintained and will be available for review by the external evaluator.

Trainees will also have an opportunity to meet with the external evaluator during the evaluation, on a group basis and individual interviews.

The option is available to consult with trainees who have progressed/moved on from St. Joseph's Training Services and this can be arranged for the evaluation process.

5.4.5 Staff involvement:

Review and planning days are held with staff, which involves discussions on all programmes, and records are maintained and available for evaluation purposes.

Authentication Process, including Internal Verification, External Authentication and Results approval takes places at award cycles. Records are maintained and available for evaluation purposes.

Staff meetings are held on a regular basis, and records are maintained and available for evaluation purposes.

Individual Support and Development Meetings are held with staff, and records maintained. Such information is confidential. However, if there are any of an overall training and programme development nature, the Manager will provide same for the evaluation process.

Records of all evaluations at the centre are maintained and will be available for review by the external evaluator.

Staff will also have an opportunity to meet with the external evaluator during the evaluation, on a group basis and individual interviews.

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## 5.	DETAILS OF PROCEDURE (Contd.):

5.4.6 External Evaluator:

The Manager will select the external evaluator, according to the following:

- The external evaluator will be a person independent of programme delivery and capable of comparing the quality of the programme(s) being evaluated with that of similar programmes elsewhere.
- The person will have experience in education, training and/or industry expertise in the broad subject area of eth programme being evaluated.   The person will also

have experience in programme design, delivery, evaluation, verification, auditing and centre accreditation.

- The external evaluator will be appointed by the Manager following consultation, as noted above, with the Assistant Director of Client Services, and ensuring that criteria above is met. The Manager will complete the Code of Practice with the External Evaluator (See Appendix 1 – Code of Practice for External Evaluator).
- Prior to the evaluation commencing a self-evaluation team will be established, the Manager has overall responsibility for the co-ordinator of the team. The Manager will liaise with the external evaluator in terms of methodology and input.
- The external evaluator will use the range of resources available from St. Joseph's Training Services, e.g. Self Evaluation checklists, Report template, Evaluation Improvement plan.
- The external evaluator will provide an evaluation report and evaluation improvement plan to the Manager of St. Joseph's Training Services.

5.4.7 Methodology:

Prior to the evaluation commencing, a self-evaluation team will be established including a number of staff members and the external evaluator to put together a plan of action for the evaluation. This will include the Manager, line manager and Quality and Compliance Manager. The Manager will have overall responsibility for the co-ordination of this team.

The Manager will convene a meeting of the self-evaluation team and commence the process of conducting an initial self-evaluation, and completion of the self-evaluation checklists at all locations. The Manager has overall responsibility for co-ordination of this, and keeps the Academic Council updated on progress.

Self-evaluation checklists will be circulated to all locations for completion, with a timeline for completion of same. See Appendix 2 for template of checklist.

On return of the completed self-evaluation checklists, the Manager will provide same to the External Evaluator. The Manager will also provide the Self Evaluation template to the External Evaluator. See Appendix 3 for template of report.

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5. DETAILS OF PROCEDURE (Contd.):

The External Evaluator will then review the results of the self-evaluation checklists, and undertakes an intensive evaluation and review of programmes, particularly referring to procedures and certifications at St. Joseph's Training Services. During this process, the external evaluator will take account of the QQI Quality Assurance Guidelines in relation to training and in particular, self-evaluation.

This, the initial self-evaluation checklists will be used by the External Evaluator as a resource throughout the evaluation with additional evidence and back up sought to verify details in the self-evaluation and to review the effectiveness of the process.

This will also be cross checked with the QQI Quality Assurance Guidelines for policies and procedures for training providers.

A variety of internal methods of evaluation are currently undertaken at St. Joseph's Training Services, including planning and review days, staff meetings, trainee group meetings, interviews, individual planning meetings. These processes and the actual records will be accessible to the external evaluator during the evaluation process.

The external evaluator, in liaison with the Manager, will arrange meetings with trainees and staff members, both individual and group meetings. This may also include trainees who have progressed/moved on from St. Joseph's Training Services.

Thus sources of information for the evaluation will be as follows:
- Initial self-evaluation checklists, trainee interview and meetings, staff interview and meetings observation, meetings with management, staff meetings, planning day meetings, individual training plan meetings for trainees, reports from other evaluations and audits (e.g. quality audit reports, health and safety audits). Assessment and certification records, authentication records.
  This list is not exhaustive.

From this the external evaluator will identify strengths and areas for improvement. The findings will be used to provide the basis of reflection and discussion which will culminate in the self-evaluation report, presented to the Academic Council.

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5.   **DETAILS OF PROCEDURE (Contd.):**

The self-evaluation report will include the following areas, with strengths and areas for improvement included, and recommendations under a number of headings including:
- Government and Management
- Quality Assurance Documentation System
- Programme Development, Review, Approval
- Referrals, Admissions, Progress and Recognition of prior learning
- Training Cycle and review

- Teaching, Learning, Delivery of Training
- Assessment of Training for trainees
- Information and Data Management
- Public Information and Communication
- Other Parties involved in Education and Training
- Quality Enhancement – self-monitoring.

The self-evaluation report will be presented by the external evaluator to the Manager, no later than one month following the evaluation (unless there are unforeseen circumstances).

The Manager will present the self-evaluation report to the team. This report will form the basis of the Evaluation Improvement Plan which will be drawn up by the Manager, in consultation with the team. See Appendix 4 for template of Improvement plan.

The self-evaluation report and evaluation Improvement plan will build on the strengths and areas for improvement and put in place an improvement plan to address the identified areas which need improving. It will also address any resources necessary. The Evaluation Improvement Plan will be reviewed at timely intervals.

The results of the self-evaluation will be shared with trainees, staff and management.

A copy of the report from the evaluation, together with the Improvement Plan will be available at all locations of St. Joseph's Training Services, and available for awarding bodies if requested. Made available to Academic Council members for monitoring of the Action Plan.

5.   DETAILS OF PROCEDURE (Contd.):

11.4 Provider-owned quality assurance engages with external quality assurance

5.5   Provider-owned quality assurance engages with external quality assurance

The quality assurance system is connected with St. Joseph's Training Services' external quality assurance obligations, including statutory external review of QA under the

Qualifications and Quality Assurance (Education and Training) Act, 2012, and any national and international accreditation systems held, both statutory and voluntary.

This includes the self-monitoring and self-evaluation processes as outlined above.

 St. Joseph's Training Services is part of Ability West, with a quality management system in place – ISO9001:2015, which the Training Services complies with.

St. Joseph's Training Services adheres to the HSE New Directions Standards.

Any further evaluation processes required by awarding bodies and accreditation systems will be undertaken as stipulated by such bodies. If there is any impact on academic areas from any of these methods, these will be presented to the Academic Council for consideration.

6.   MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Centre Manager, Staff members, Quality and Compliance Manager	Every three years	Review in relation to any regulatory, legislative changes, and changes to the process of quality enhancement, self-monitoring and self-evaluation, review at staff meetings and planning meetings regarding any changes to the procedure
NEXT REVIEW DUE:		10/2026

7.   REVISION HISTORY:

REVISION	DATE	DESCRIPTION OF CHANGE	Q.A.R.F. NO.
0	11/11/2020	New procedure introduced for this area	001
1	12/10/2023	See QARF No. 002 changes required from QQI application process	002

APPENDICES

APPENDIX A – St. Joseph's Training Services Reference List

ST. JOSEPH'S TRAINING SERVICES

REFERENCE LIST

Legislation, Standards, Guidelines:
Assisted Decision Making (Capacity) Act 2015 and Amendment 2022
Data Protection Acts and related regulations (Statutory Instruments), including the General Data Protection Regulations (GDPR) 2018
Data Sharing and Governance Act (2019)
Disability Act (2005)
Employment Equality Acts (1998-2015)
Equal Status Acts (2000 - 2018)
Freedom of Information Acts (2014)
Health Act (1970), (2004), (2007)
Health Act 2004 (Complaints) Regulations
Health & Social Care Professionals Act 2005 and (Amendment) Act 2017
Organisation of Working Time Act, 1997
Protection of Employees (Part-Time Work) Act, 2001
Safety, Health and Welfare at Work Act (2005) and related Regulations
Health Act 2007 (Care and Support of Residents in Designated Centres for persons [Children and Adults] with Disabilities) Regulations S.I. No. 367 of 2013
Health and Social Care Professionals Act 2005 & 2017
HSE Adult Safeguarding National Policy and Procedure
H.I.Q.A. National Quality Standards, including (but not limiting to):
    Safer Better Healthcare (2012)
    Residential Centres for Children and Adults with Disabilities (2013)
I.S. EN ISO 9001:2015
ISO 31000:2018 Framework for Risk Management
Children's First National Guidelines
Trust in Care

Legislation, Standards, Guidelines specific to the Training Services
Qualifications and Quality Assurance (Education and Training) Act 2012
St. Joseph's Training Services Training Programme Specification (TPS)
St. Joseph's Training Services Statement of Purpose
St. Joseph's Training Services Programme Descriptors
New Directions Review of HSE Day Services and Implementation Plan
QQI Core Statutory Quality Assurance Guidelines developed by QQI for use by all Providers
QQI Levels 1-3 Award Standards Review, March 2018
QQI Quality Assuring Assessment Guidelines for Providers
National Accreditation Committee Training and Development for People with Disabilities:
    Standard QA00/01
National Framework of Qualifications

ST JOSEPH'S TRAINING SERVICES ACADEMIC COUNCIL

TERMS OF REFERENCE

Version of terms of reference	V1
Approved by and when	Senior Management Team and Board of Directors, Ability West
Review timescale	Yearly.
Chair	External Representative with expertise in Education/Training. The Chair will be appointed on an annual basis.
Secretary	Administrative support when possible OR a member of the Academic Council.
Membership	1 x Chair - External Representative with expertise in Education/Training. 1 x Manager of Training Services, Ability West 1 x Quality and Compliance Manager, Ability West 1 x Area Service Manager, Ability West 2 x Staff Representatives 2 x Trainee Representatives 1 x External Representative
Tenure of members	Reviewed Annually
Meeting frequency	At least bi-annual
Objectives of Academic Council	It is intended that as a result of this governance unit, St Joseph's Training Services Academic Council, Training Services will receive governance that is solely focused on academic concerns. This will particularly relate to the QQI training provided in Training Services, but can also concern other internal and external training opportunities. The Academic Council will report and make recommendations to the Senior Management Team and Board of Directors of Ability West.
Role of Academic Council	To review the outcome of reports concerning QQI Certification, for example Internal Verification Report; External Authenticator Report and Results Approval Panel report. To make recommendations on academic governance to the Senior Management Team and Board of Directors of Ability West through the Area Service Manager. To note activities taking place in St Joseph's Training Services and review progress against Key performance Indicators and Action Plans. To review reports from sub-committees that may be required.
Responsibilities of members	To utilise their expertise and experience of training to represent the best interests of St Joseph's Training Services, with focus on Academic Governance. To maintain confidentiality at all times. To act within relevant policies and procedures of Ability West and St Joseph's Training Services. To prepare for and attend at least 75% of meetings.

Agenda management	Agenda is discussed between Chair and Manager of Training Services; who will liaise with Secretary who will circulate agenda through email, ideally a minimum of 3 days before the meeting. Agenda must always include details of how to join electronically for any members who cannot attend in person. Agenda must be designed with trainee members needs in mind, i.e. user friendly language and design, order of items to be discussed, advance notice of contents of meeting.
Quorum	Minimum of 5 needed including Chair, which ideally will include the following as a minimum – 1 x Staff Representative 1 x Trainee Representative 1 x External Representative 2 x any other of the categories
Sub-groups	Working Groups as required
Document management	Where possible, any documents required during the meeting will be shared by email in advance of the meeting with the agenda. The Secretary will also ensure that there are hard-copies available.
Voting arrangements	Consensus decision making will be sought. If this is not possible a vote will be held between the meeting attendees, co-ordinated by the Chair.
Attendance at meetings	Where appropriate, non-members can be invited to attend and observe or present documentation to the Academic Council.
Conflicts of interest	On joining the Academic Council members will be asked to declare any conflicts of interest that may impede their work, in person or by email to the Chair. If there are deemed to be conflicts of interest, the Council can agree to make necessary changes to Council members.
Confidentiality	Members of the Academic Council will abide by Ability West confidentiality procedures and Data Protection.
Confirmation of minutes	Meeting minutes will be agreed at the start of the next meeting.
Communication of minutes	Minutes of Academic Council meetings will be circulated by email, by the Secretary.
Ongoing review	Terms of reference for Academic Council to be reviewed annually. The Academic Council can suggest any changes, though these will be referred to Senior Management Team. The Senior Management Team will bring to the Board of Directors for approval. On approval the Senior Management Team will revert to the Chair of the Academic Council on final version. Secretary to maintain document history, and ensure that version numbers, with dates, are maintained on Terms of reference.
Review of terms of reference and operation	This will take place in the first Academic Council meeting of each academic year.

APPENDIX C - St. Joseph's Training Services Results Approval Panel Terms of Reference

Version of terms of reference	V1
Approved by and when	St Joseph's Training Services Academic Council
Due to be reviewed	Academic Council Meeting May 2023
Chair	A member of the Quality and Compliance Team, Ability West. The Chair will be appointed annually.
Secretary	Administrative support when possible OR Manager of Training Services, Ability West
Membership	A Member of the Quality and Compliance team, Ability West – Chair Area Manager, Ability West (Or nominated replacement) Day Services Development Officer, Ability West (Or nominated replacement) An Instructor to be available onsite for questions. The membership of Results Approval Panel must be significantly different from Academic Council membership.
Tenure of members	Reviewed Annually
Meeting frequency	At least bi-annual – Convened following Internal Verification and External Authentication, for QQI submission periods
Objectives of Results Approval Panel	It is intended that as a result of this governance unit, folders and related reports regarding submissions to QQI for certification are reviewed and signed off on behalf of Ability West. This will include feedback on strengths and areas for improvement.
Role of Results Approval Panel	To review and approve provisional assessment results put forward for submission to QQI. Review and approve the Internal Verification process and associated reports. Review and approve the External Authentication process and associated reports. Review and approve provisional assessment results being put forward. Agree to submission of final results to QQI request certification. Identify areas of good practice and any issues arising, and make recommendations. To create a Results Approval Panel Report. Submit Results Approval Panel Report to St Joseph's Training Services Academic Council for review.
Responsibilities of members	To utilise their expertise and experience to represent the best interests of Ability West in assuring the correct procedure regarding assessment has been followed. To maintain confidentiality at all times. To act within relevant policies and procedures of Ability West and St Joseph's Training Services. To prepare for and attend meetings.

Agenda management	Agenda is discussed between Chair and Manager, St. Joseph's Training Service who liaises with the Secretary and makes Agenda available in advance of the day of Results Approval Panel Meeting.
	With the Agenda the Secretary will share copies of Internal Verification and External Authentication Report's where possible.
	Typically the agenda will always be the same – to review folders and reports, formalise areas for improvements and strengths, and write report and recommendation to the Academic Council.
Quorum	Minimum of 3 needed (Results Approval Panel cannot take place without an appropriate quorum in attendance)
Document management	Wherever possible documents required (Internal Verifier Report and External Authenticator report) will be shared by email in advance of the Meeting.
	The Secretary will also ensure that there are hard-copies available.
Voting arrangements	Consensus decision making will be sought. If this is not possible a vote will be held between the meeting attendees, co-ordinated by the Chair.
Attendance at meetings	Where appropriate, non-members can be invited to attend and observe or present documentation to the Results Approval Panel.
Conflicts of interest	On joining the Results Approval Panel members will be asked to declare any conflicts of interest that may impede their work, in person or by email to the Chair.
	If there are deemed to be conflicts of interest, the Panel can agree to make necessary changes to Panel members.
Confirmation of minutes	Meeting minutes will be agreed at the start of the subsequent meeting. These take the form of the Results Approval Panel Report.
Communication of minutes	The Results Approval Panel Report will be circulated by the Secretary by email.
Ongoing review	Terms of reference for Results Approval Panel to be reviewed annually by the Academic Council.
	The Academic Council can agree their own changes to terms of reference for Results Approval Panel.
	Secretary to maintain document history, and ensure that version numbers, with dates, are maintained on Terms of reference.
Review of terms of reference and operation	This will take place in the first Academic Council meeting of each academic year.